

***United States Court of Appeals
for the Second Circuit***



APPENDIX

CUTLER v. WEINBERGER
RECORD ON APPEAL
United States Court of Appeals
Second Circuit
Docket #74-1093



PAGINATION AS IN ORIGINAL COPY

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF NEW YORK

HAZEL CUTLER,

Plaintiff

vs.

Civil Action No. F3C 24F


CASPAR WEINBERGER,
SECRETARY OF HEALTH,
EDUCATION, AND WELFARE,

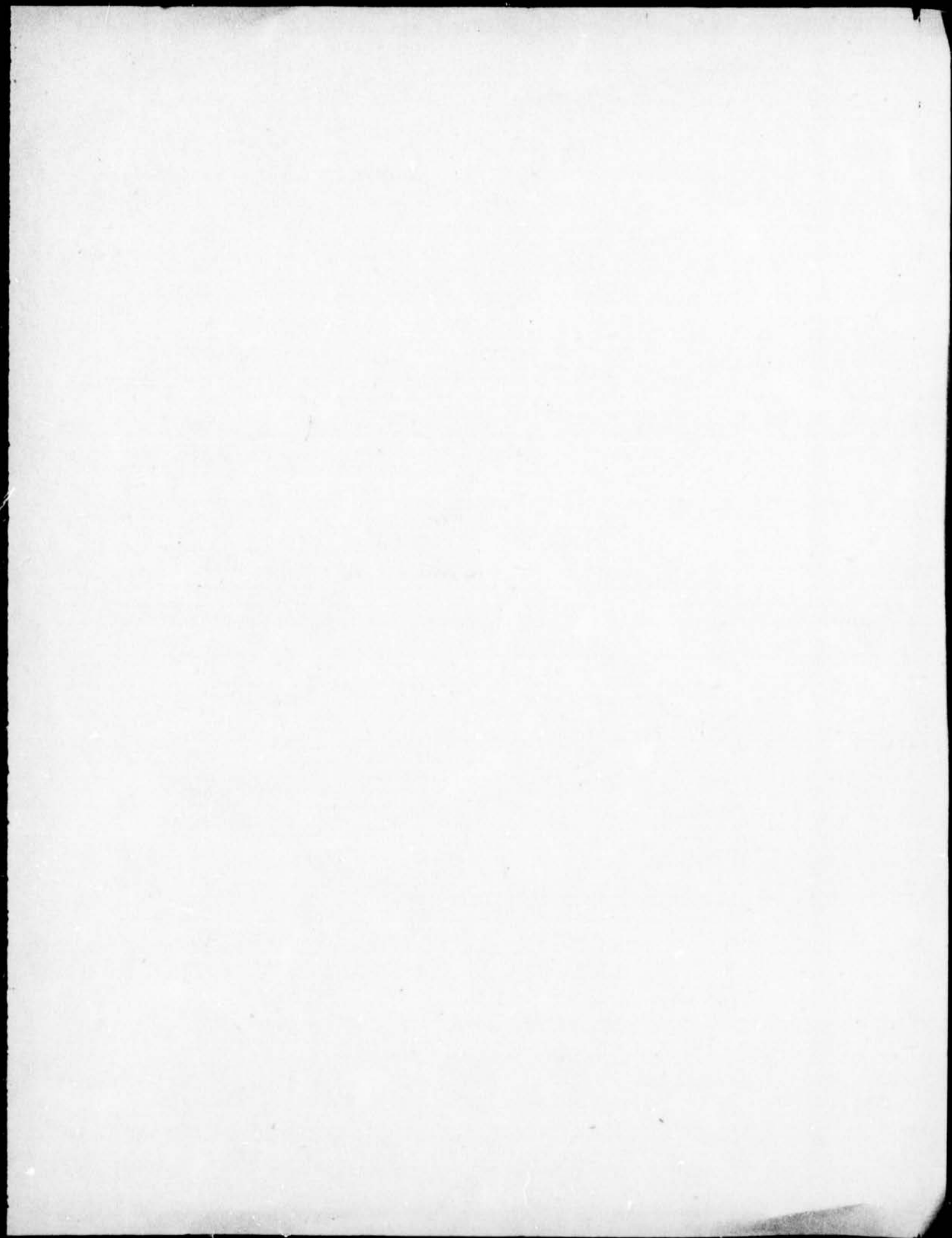
Defendant

C E R T I F I C A T I O N

I, H. Dale Cook, Chairman, Appeals Council and Director, Bureau of Hearings and Appeals, Social Security Administration, Department of Health, Education, and Welfare, under authority conferred upon me by the Secretary, hereby certify that the documents annexed hereto constitute a full and accurate transcript of the entire record of proceedings relating to the application of Hazel Cutler to establish a period of disability, and her claim for disability insurance benefits under title II of the Social Security Act, as amended, such transcript including application for a period of disability and disability insurance benefits, testimony and other evidence upon which the decision of the administrative law judge of the Bureau of Hearings and Appeals, Social Security Administration, was based.

Date: April 20, 1973


H. Dale Cook



Hazel Cutler, Claimant and Wage Earner

Account Number 228-20-1854

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Hazel Cutler

(Claimant)

228-20-1854

(Social Security Number)

(Wage Earner) (Leave blank, if same as above)

EXHIBITS

| <u>EXHIBIT NO.</u> | <u>DESCRIPTION</u> | <u>NO. OF PAGES</u> | <u>Court Transcript Page Nos.</u> |
|------------------------|--|-------------------------|---|
| 1. | Application for Disability Insurance Benefits, filed by claimant, date-stamped 8/10/71 | 4 | 44-47 |
| 2. | Disability Determination and Transmittal, dated 10/9/71 | 2 | 48-49 |
| 3. | Copy of disallowance letter to claimant, dated 10/15/71 | 2 | 50-51 |
| 4. | Request for Reconsideration, signed by claimant, date-stamped 11/3/71 | 1 | 52 |
| 5. | Copy of Notice of Reconsideration Determination, date-stamped 4/3/72 | 2 | 53-54 |
| 6. | Application for Social Security Account Number, signed by claimant as Hazel Elizabeth Dickens | 1 | 55 |
| 7. | Earnings Record, dated 8/12/71, including employer's statement dated 1/26/72, and Reports of Contact, dated 8/20/71 and 8/26/71 to ascertain claimant's onset date | 7 | 56-62 |
| 8. | Report of Disability Interview with claimant, dated 8/10/71 | 4 | 63-66 |
| 9. | Report of Disability Interview with claimant, 11/3/71 | 4 | 67-70 |
| 10. | Statement of Claimant, dated 11/3/71 | 2 | 71-72 |
| 11. | Revised Disability Determination and Transmittal dated 3/25/72 | 2 | 73-74 |
| 12. | Medical Records from the Queens General Hospital covering period 5/10/65 thru 1/19/66 | 29 | 75-103 |
| 13. | Medical Records from the Queens General Hospital covering period 3/16/67 thru 6/30/69 | 7 | 104-110 |

| | |
|---|--------------------------|
| <u>Hazel Cutler</u> | <u>228-20-1854</u> |
| (Claimant) | (Social Security Number) |
| <u>(Wage Earner) (Leave blank if same as above)</u> | |

EXHIBITS

| <u>EXHIBIT NO.</u> | <u>DESCRIPTION</u> | <u>NO. OF PAGES</u> | <u>Court Transcript Page Nos.</u> |
|------------------------|--|-------------------------|---|
| 14. | Medical Report from the New York Diabetes Association, Inc., covering period 7/65 thru 6/26/69 | 10 | 111-120 |
| 15. | Medical Records from the Long Island Jewish Hospital, covering period 12/19/69 thru 1/8/71 | 16 | 121-136 |

RECEIVED DURING HEARING

| | | | |
|-----|--|---|-----|
| 16. | Letter signed by Claire Kellman, former employer of claimant, typed on The City of New York Dept. of Social Services letterhead, dated 10/2/72 | 1 | 137 |
|-----|--|---|-----|

Hazel Cutler(CLAIMANT)228-20-1854(SOCIAL SECURITY NUMBER)(WAGE EARNER) (LEAVE BLANK IF SAME AS ABOVE)AC EXHIBIT LIST

| <u>EXHIBIT NO.</u> | <u>DESCRIPTION</u> | <u>COURT TRANSCRIPT PAGE NO.</u> |
|--------------------|--|--------------------------------------|
| AC-1 | City of New York Department of Welfare history sheets from March 4, 1968 to March 12, 1970. | 138-141 |
| AC-2 | Application for Public Assistance or Request for Case Issued September 6, 1967 signed by Hazel Cutler. | 142-144 |
| AC-3 | Statement dated 1/3/73 signed by Mary Ann Deans. | 145 |



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
P. O. BOX 2518, WASHINGTON, D.C. 20013

6 FEB 1973

BUREAU OF
HEARINGS AND APPEALS

REFER TO:

HA:C
228-20-1854

ACTION OF APPEALS COUNCIL ON REQUEST FOR REVIEW

Mrs. Hazel Cutler
187-26 Foch Bouvelard
Jamaica, New York 11412

Dear Mrs. Cutler:

Your request for review of the administrative law judge's decision has been carefully considered by the Appeals Council. The Council's consideration of your request has included all the evidence in your case, the law and regulations applicable to your claim, the evaluation of the facts and the reasoning in this decision, and your reasons for believing your claim should be allowed. Evidence in addition to that which was before the administrative law judge has been received by the Appeals Council.

The Appeals Council has concluded that this decision is correct. Further action by the Council would not, therefore, result in any change which would be of advantage to you. Accordingly, the administrative law judge's decision stands as the final decision of the Secretary in your case.

If you desire a review of the decision by a court, you may commence a civil action in the district court of the United States in the judicial district in which you reside within sixty (60) days from this date. See section 205(g) of the Social Security Act, as amended (section 405(g) Title 42, United States Code). If such action is commenced, the Secretary of Health, Education, and Welfare is the proper defendant.

Sincerely yours,

John W. Chambers
Member, Appeals Council

cc:
Mr. Frederick A. Santo
Jamaica, New York 11435

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS

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ORDER OF APPEALS COUNCIL
RECEIPT OF ADDITIONAL EVIDENCE

In the case of

Hazel Cutler

(Claimant)

Claim for

Period of Disability and
Disability Insurance Benefits

228-20-1054

(Social Security Number)

(Wage Earner) (Leave blank if same as above)

Evidence in addition to that which was before the administrative law Judge has been received by the Appeals Council and is hereby made a part of the record. That evidence consists of the following exhibits:

- AC-1 City of New York Department of Welfare history sheets from March 4, 1968 to March 12, 1970
- AC-2 Application for Public Assistance or Request for Case Issued September 6, 1967 signed by Hazel Cutler.
- AC-3 Statement dated 1/3/73 signed by Mary Ann Deans.

APPEALS COUNCIL

John W. Chambers, Member

Date: February 5, 1973



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS

REQUEST FOR REVIEW OF HEARING EXAMINER'S ACTION

Take or mail original and all copies to your local social security office.

6

| | |
|--|--|
| CLAIMANT HAZEL CUTLER | CLAIM FOR <input checked="" type="checkbox"/> Entitlement to Disability Benefits (97) <input type="checkbox"/> Continuance of Disability Benefits (98) <input type="checkbox"/> Other |
| WAGE EARNER (Leave blank if same as above.) | |
| SOCIAL SECURITY NUMBER 228-20-1854 | (Specify type claim) |

I disagree with the hearing examiner's action on the above claim and request that the Appeals Council, Bureau of Hearings and Appeals, review it. My reasons for disagreement are:

(See attached)

Bureau of Hearings & Appeals
RECEIVED

JAN 12 1973

Attach to this form, or forward within 10 days to the Appeals Council at the address shown below, any evidence you wish to submit.

| | | |
|---|------------------------|---|
| Signed by: (Either the claimant or representative should sign - Enter addresses for both) | | |
| SIGNATURE OR NAME OF CLAIMANT'S REPRESENTATIVE Frederick A. Santo Frederick A. Santo | | CLAIMANT'S SIGNATURE Hazel Cutler |
| STREET ADDRESS c/o Dept. of Social Services 92-16 147th Place | | STREET ADDRESS 187-26 Foch Blvd. |
| CITY, STATE, AND ZIP CODE Jamaica, New York 11435 | | CITY, STATE, AND ZIP CODE JAMAICA, N.Y. 11412 |
| TELEPHONE NUMBER 990-5471 | DATE 1/10/73 | TELEPHONE NUMBER 528-8501 |

Claimant should not fill in below this line

Is this request filed within 60 days of the hearing examiner's action? ☒ Yes ☐ No

If "No" is checked: (1) attach claimant's explanation for delay; (2) attach any pertinent letter, material or information in the district office.

ACKNOWLEDGMENT OF REQUEST FOR REVIEW OF HEARING EXAMINER'S ACTION

Request for Review of Hearing Examiner's Action in this case was filed on the date shown and at the place indicated.

The APPEALS COUNCIL will notify you of its action on your request.

Date request for review was filed

January 12, 1973

Place where request for review was filed

BHA, Jamaica, New York

For the Social Security Administration

BY (Signature)

Jerome J. Feiner

(Title) **Administrative Law Judge**

(Street Address) **80-31 161st Street**

Jamaica, New York 11432

(City)

(State)

(ZIP Code)

Appeals Council
Bureau of Hearings and Appeals, SSA
P.O. Box 2518
Washington, D.C. 20013

Submitted 1/13/73
to Social Security
Administration

HAZEL CUTLER
SOC. 228-20-1854

PERIOD OF DISABILITY AND DISABILITY INSURANCE BENEFITS

Hazel Cutler has not been able to work since May 1965. She last worked in May 1965 and her disability special earnings requirements made her eligible to qualify for disability until June 30, 1970.

I wish to make it clear to the Appeals Council that Mrs. Cutler has only been marginally employable for most of her life. She is illiterate, with only a third grade education, received in a Southern Segregated Negro School. She suffered a loss of three fingers on her right hand, over twenty-five years ago and this certainly has limited her physical dexterity. Her observable behavior and intellectual response indicates a very low intelligence quotient which would preclude her employment at even the most basic of employments requiring mental activity such as file clerk or even unskilled factory work, due to her mental inability to comprehend and carry out orders in an efficient manner. Consequently, her work life has been spent as a household domestic. This work was strenuous for Mrs. Cutler, who was never a strong woman and towards the end of her employment history she found it more and more difficult because of her lack of strength, and physical pain and dizziness, to work in any steady pattern. We have submitted to you a signed statement from Mrs. Cutler's last employer which verifies Mrs. Cutler's diminishing ability to do even household work. Therefore, we feel that the Appeals Council should understand that for such a marginally employable person, it would not require too serious further medical problems to render Mrs. Cutler unemployable and disabled.

In May of 1965, Mrs. Cutler did become completely disabled due to her need for a total hysterectomy. Mrs. Cutler was hospitalized for a month, for this operation, May 10, 1965 to June 10, 1965. She experienced great pain as a result of this operation and found herself confined to her bed for almost a year afterwards. She was weak, still suffering from dizziness and unable to continue her employment although she desired to do so. It became necessary for Mrs. Cutler's daughter to support her as she had no savings or assets of her own. Mrs. Cutler's daughter reports that it was obvious to her, at the time, that Mrs. Cutler had become too weak to work due to her operation, dizzy spells, diabetes and arthritis. She supported her mother for two years and this imposed quite a burden upon her young family. She would not have accepted this burden if she thought that her mother could actually work.

On September 6, 1967, Mrs. Cutler applied for public assistance. She was still too ill and feeble to work and although she was a proud woman, rather than continue as a burden to her family she applied for assistance. On her application, she stated that she was unable to work due to illness. We are attaching a true and exact copy of this statement to our Department's interviewer, on 9/6/67. We are also attaching a true and exact copy of a report of home visit made on 3/4/68, by one of our caseworkers. You will note that he reported at that time: "Mrs. C. looks older than she really is. She walks, thinks and talks very slow, might be because of her disease". We are also attaching true and exact copies of reports of home visits by caseworker on 12/15/69 and 3/12/70. You will note that on both visits under "Health", Mrs. Cutler complained of dizzy spells.

continue:

HAZEL CUTLER
SOC. # 228-20-1854

Further, we hope the Appeals Council will not overlook the signed statement of Mrs. Cutler's last employer, Mrs. Claire Kellman, who reports that she observed that Mrs. Cutler was sick in 1965. To this, we are adding a signed notarized statement from Mrs. Cutler's daughter, Mary Ann Deans, who supported the client for several years after the onset of Mrs. Cutler's disability in 1965. She corroborates the observation of Mrs. Kellman and adds more important facts about Mrs. Cutler's disability during 1965 to 1970.

We hope that the Appeals Council can understand that the above facts about Mrs. Cutler's life since she stopped work indicate that she was either truly disabled and unable to work or a devious malingerer constantly feigning illness for no apparent reason. We hope that the Appeals Council will decide that Mrs. C. was truly disabled and thereby correct this grave injustice to a proud and sincere elderly woman.

As for medical evidence, there is no lack. The record clearly indicates Mrs. Cutler's operation in 1965 and constant out-patient care after that time. Radiographic examination on 6/23/67, revealed slight increase in pulmonary markings and minimal enlargement of the heart. The N.Y. Diabetes Assoc. Inc., reports from July 1965 to December 1969, reveal that Mrs. Cutler is being treated for diabetes. Long Island Jewish Hospital in January 1970, reported peripheral neuropathy due to diabetes mellitus, and that Mrs. Cutler complained of dizziness. X-Rays of the cervical spine showed minimal narrowing of C-2 & C-3 joint space. Examination of the fundi showed grade I arteriosclerosis. Impaired vibratory sensation over both ankles was noticed along with weakness of the hips flexion bilaterally.

On June 30, 1969, Mrs. Cutler was also hospitalized for surgery on a lipoma of her left third finger.

Based on this medical evidence, we feel that the Appeals Council can not avoid believing Mrs. C's reports of inability to engage in substantial gainful activity, due to physical and mental limitations. We feel that if the Appeals Council fairly reviews the client's background and limitations, they will understand how marginally she was employable during her life. If the Council is fair, they will conclude that Mrs. Cutler was susceptible to disability as a result of minor incapacities and the record does prove, beyond a doubt, that Mrs. Cutler's ailments exceeded to degree necessary, either singularly or in combination, to prevent her from engaging in any substantial gainful activity.

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS

NOTICE OF DECISION

PLEASE READ CAREFULLY

If you disagree, in whole or in part, with the enclosed decision of the hearing examiner, you may request the Appeals Council to review it. However, your request for review must be filed within 60 days following the date shown below.

You, or your representative, may file the request for review at the nearest office of the Social Security Administration, or you may file the request for review with the hearing examiner, or with the Appeals Council.

Unless you file a timely request for review by the Appeals Council, you may not obtain a court review of your case under sections 205 (g) and 1869 (b) of the Social Security Act.

This notice and enclosed copy of hearing
examiner's decision mailed to the claimant on

December 4, 1972

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS

10

HEARING EXAMINER'S DECISION

In the case of

Hazel Cutler

(Claimant)

(Wage Earner) (Leave blank if same as above)

Claim for

Period of Disability and
Disability Insurance Benefits

228-20-1854

(Social Security Number)

This case is before the Administrative Law Judge upon a request for hearing filed on April 13, 1972 by Hazel Cutler (hereinafter referred to as the claimant), who disagrees with the determination of the Social Security Administration denying her application for a period of disability and for disability insurance benefits.

This matter arises under section 205(b) of the Social Security Act, as amended, and involves the application of sections 223 and 216(i) of this Statute. The claimant filed application for disability insurance benefits and for a period of disability on August 10, 1971, alleging therein inability to engage in substantial gainful activity by reason of a physical or mental impairment. On the evidence presented, the application was denied both initially and upon reconsideration.

A hearing was duly heard before the undersigned Administrative Law Judge at Jamaica, New York, on October 6, 1972. The claimant appeared and testified in her behalf. She was represented by Frederick A. Santo.

The general issues before the Administrative Law Judge are whether the claimant is entitled to a period of disability and to disability insurance benefits under sections 216(i) and 223, respectively, of the Social Security Act, as amended (hereinafter called the Act). The claimant last met the special earnings requirements of the Act on June 30, 1970.

No impairment which had its onset or became aggravated to a "disabling degree" after the earnings requirements were last met can be considered in determining disability under the Social Security Act, as amended. The specific issue in this case is, therefore, whether at any time through the date of this decision (but commencing no later than June 30, 1970 the claimant was under a disability within the meaning of the Act.

Section 223(d) of the Act, as amended, provides in pertinent part, that "disability" means the "inability to engage in any substantial gainful activity by reason of a medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months;" that "an individual... shall be determined to be under a disability only if his physical or mental impairment or impairments are of such severity that he is not only unable to do his previous work but cannot, considering his age, education, and work experience, engage in any other kind of substantial gainful work which exists in the national economy, regardless of whether such work exists in the immediate area in which he lives, or whether a specific job vacancy exists for him, or whether he would be hired if he applied for work. For purposes of the preceding sentence... 'work which exists in the national economy' means work which exists in significant numbers either in the region where such individual lives or in several regions of the country."; and "for the purposes of this subsection, a 'physical or mental impairment' is an impairment that results from anatomical, physiological, or psychological abnormalities which are demonstrable by medically acceptable clinical and laboratory diagnostic techniques."

The claimant, who gave her date of birth as September 21, 1915, alleged in her application filed on August 10, 1971, that she became unable to work since March 1963 due to diabetes mellitus, dizziness, forgetfulness, unsteady walk and arthritis. She has completed the third grade of education, is about five feet in height and weighs 180 pounds. The claimant resides alone in a 3½ room walk-up apartment located on the second floor. She traveled to the hearing by bus transportation. The claimant has performed domestic work for the past 20 years; has been unable to work since May 10, 1965 and has not worked since that date. The claimant's complaints were diabetes; dizziness; arthritis in all the joints; and that her legs give away causing her to fall, however, the claimant could not state the frequency of her falling. The claimant further testified that the medication reduces the severity of the dizziness but does not stop it. The claimant further stated that she has back pain for which she was treated at the clinic and also had stomach pain when working. The claimant suffered a loss of three fingers of the right hand over twenty-five years ago but stated that this did not impair her ability to work.

The pertinent medical evidence may be summarized as follows:

Medical report from Queens General Hospital covering hospitalization from May 10, 1965 to June 10, 1965 and out patient treatment through June 30, 1969 indicated claimant underwent a total hysterectomy. Radiographic examination of May 19, 1965 of the chest was negative and abdomen revealed a pelvic mass most likely

genital in origin. The electrocardiogram of May 20, 1965 was within normal limits. It was noted that claimant had an elevated blood sugar recently while in hospital and was on a diabetic diet. Radiographic examination of December 13, 1965 of the lumbosacral spine was negative; the orthopedic medical examiner reported no orthopedic problem. No fracture, subluxation or other abnormality was seen. Radiographic examination of March 11, 1966 revealed normal morphology and function of the urinary tracts and there was no evidence of urinary calculi. On July 6, 1966 it was noted that claimant felt fine, urine glucose was negative; weight was up. On March 16, 1967 claimant had no complaints and no glycosuria. On or about June 30, 1969 the claimant had minor surgery for lipoma of left 3rd finger which was diagnosed as benign lipoma. Radiographic examination of June 23, 1967 of chest revealed slight increase in pulmonary markings and minimal enlargement of the heart. Examination in pulmonary markings and minimal enlargement of the heart. Examination of the left hand revealed no pathology. (Exhibit 12 and Exhibit 13)

Medical report from the New York Diabetes Association, Inc. covering periods July, 1965 through December 12, 1969 revealed claimant was treated for diabetes mellitus but does not reveal any diabetic complications. (Exhibit 14).

Medical report from the Long Island Jewish Hospital covering period December 19, 1969 through January 8, 1971 revealed claimant complained of dizziness but an EEG and skull films were normal. Claimant was found to have diabetes mellitus. In January 1970, the diabetes was stated to be in good control and studies were negative. In February 1970 the impression was peripheral neuropathy possibly due to diabetes mellitus. X-ray of the cervical spine showed only minimal narrowing of C2 and C3 joint space. Blood pressure was normal. Visual fields and viewing was grossly within normal limits and examination of the fundi showed only Grade I arteriosclerosis. Ankle jerks were absent but there was no Babinski and deep tendon reflexes, although present, were decreased. There was impaired vibratory sensation over both ankles. There was only minimal weakness of the hips flexion bilaterally. There was no nystagmus and no dysmetria. In May 1970, the dizziness was much improved; there were no other complaints; the diabetes mellitus was stable. In May 1971, good diabetic control was noted.

The statutory definition of the term "disability" has already been set out earlier in this decision. Under the statutory definition it appears that there must not only be a medically determinable physical or mental impairment, but that the impairment must be determinable to be of such serious proportions as to prevent the claimant from engaging in any type of substantial gainful activity, and not necessarily his last employment.

Graham v. Ribicoff, 295 F. 2d 291; Sampson v. Flemming, 189 F. Supp. 725; Bowling v. Flemming, 186 F. Supp. 421. Regulations which implement the Act also provide that it must be established by medical evidence and, where necessary, by appropriate medical tests, that the claimant's impairment, or impairments result in such a lack of ability to perform significant functions such as moving about, handling objects, hearing or speaking, or, in the case of mental impairment, reasoning or understanding, that such individual cannot with his age, education, training, and work experience engage in any substantial gainful activity (20 CFR 404.1502(b)). Applicant's statement and symptoms, alone, are insufficient to establish the presence of an impairment but must be supported by medically acceptable clinical and laboratory diagnostic findings. (20 CFR 404.1501(2)(C)). Also, under the statute, the burden of establishing the requisite disability is placed upon the claimant. Adams v. Flemming, 276 F. 2d 901; Norment v. Hobby, 124 F. 2d 489; Fuller v. Folsom, 155 F. Supp. 348; Lewis v. Flemming, 176 F. Supp. 872.

An analysis of the earnings record herein indicates that the claimant last met the special earnings requirements for disability purposes on June 30, 1970. Any impairment which had its inception, or became disabling after that date, may not be made the basis for the allowance of disability benefits. Roberts v. Flemming, 186 F. Supp. 655, Post v. Flemming, December 8, 1960 (CCH, UIR, Fed. Para. 9095).

The medical evidence reveals that the claimant has a history of diabetes mellitus which is under good control and has not resulted in any manifestations of significant systemic impairments. Further, the evidence reveals this condition has not resulted in any diabetic complications. The lumbo-sacro spine x-ray was negative and the cervical spine x-ray was essentially negative. The orthopedic medical examiner found no orthopedic problems. The complaint of dizziness is not supported by the medical evidence. However, in any event, references have been made in medical record that the dizziness has improved. Further, the electroencephalogram and skull x-rays were reported as normal. The other conditions noted in the record are not incapacitating. The undersigned carefully observed the claimant throughout the course of the hearing. She did not appear in any pain, discomfort or distress; and she walked without difficulty.

In summary, the undersigned, on this record, is unable to conclude that the claimant has a severely disabling impairment or impairments. The evidence does not demonstrate that the claimant is unable to return to her usual work.

- 5 -

FINDINGS OF THE ADMINISTRATIVE LAW JUDGE

After considering all the evidence of record together with the testimony adduced at the hearing, the Administrative Law Judge makes the following findings:


1. The claimant last met the special earnings requirements on June 30, 1970 and no impairment or impairments which had its onset or became aggravated to a "disabling degree" after the earnings requirements were last met can be considered in the determination of disability under the Social Security Act, as amended.
2. The claimant, on or before the expiration of her special insured status, had the residual capacity to perform her usual occupation.
3. The claimant has failed to establish that as of June 30, 1970, the date she last met the special earnings requirements, she had impairments either singularly or in combination of such severity as to have precluded her from engaging in any substantial gainful activity within the meaning of the Social Security Act, as amended.
4. The claimant is not under a disability as defined in the Act at any time up through the date of this decision.

DECISION

It is the decision of the Administrative Law Judge that the claimant is not entitled to a period of disability or to disability insurance benefits under sections 216(i) and 223 of the Social Security Act.

DEC 04 1972

Date


Jerome J. Feiner
ADMINISTRATIVE LAW JUDGE



DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

15

APPOINTMENT OF REPRESENTATIVE

I appoint Frederick A. Santo, Dept. of Social Services, Jamaica, NY
(Print or Type Name and Address of Representative) **92-16 147th Pl**
11435
to act as my representative in connection with my claim under Titles II or XVIII of the
Social Security Act based on the social security record of

| | |
|-----------------------------|--|
| NAME Hazel Cutler | SOCIAL SECURITY NUMBER 228-20-1854 |
|-----------------------------|--|

I authorize him to make or give any request or notice; present or elicit evidence; obtain
information; and receive any notice in connection with my claim wholly in my stead.

Date 10/6/72 Signature Hazel Cutler
Address 18726 40th Blvd

ACCEPTANCE OF APPOINTMENT

I, Frederick A. Santo, hereby accept the above appointment.
I certify that I have not been suspended or prohibited from practice before the Social
Security Administration; that I am not, as an officer or employee of the United States,
disqualified from acting as the claimant's representative; and that I will not charge or
receive a fee for the representation unless it has been authorized in accordance with the
laws and regulations referred to on the reverse side hereof.

I am Employee of Dept. of Social Services
(union representative, relative, etc.)

Date 10/6/72 Signature Frederick A. Santo
Address 92-16 147th Pl.
JAMAICA NY

(See Important Information on Reverse)

CHARGING OF FEES FOR REPRESENTING SOCIAL SECURITY CLAIMANTS

An attorney, or other representative, who wishes to charge a fee for services rendered in connection with a claim before the Social Security Administration is required by law to obtain approval of the fee from the Social Security Administration (section 206(a) of the Social Security Act; Social Security Administration Regulations No. 404.975).

Form SSA-1560, "Petition to Obtain Approval of a Fee For Representing a Social Security Claimant," which elicits the information required to be submitted in support of fee petitions, should be completed by the representative after his services are completed and the original and third carbon copy of the SSA-1560 filed with the office of the Social Security Administration which took the latest action on the claim. The representative is required to furnish a copy (first carbon) of the SSA-1560 petition to the claimant for whom the services were rendered.

Social Security Administration approval of a fee is *not* required where the fee is for services (1) rendered in an official capacity such as that of legal guardian, committee, or similar court-appointed office and the court has approved the fee in question, (2) in representing the claimant before a court of law, or (3) in representing the claimant in a claim for reimbursement of medical expenses exclusively handled by a private intermediary.

Where a representative has rendered services in a claim before the Social Security Administration and a court of law, the regulations require that he specify what, if any, amount of the fee he desires to charge is for services performed before the Administration. If he charges any fee for such services, he must petition for approval of that amount. In this connection a claim which has been remanded by a court to the Administration for further administrative proceedings is considered to be before the Administration after the remand by the court.

AUTHORIZATION OF FEE

The social security regulations contemplate that a representative will receive fair value for his services consistent with the purposes of the social security program, one of which is to give a measure of security to retired people, the disabled, and widows and children. In approving a requested fee, the Administration considers the nature and type of services performed, the complexity of the case, the level of skill and competence required in rendition of the services, the

amount of time spent on the case, the results achieved, the level of administrative review to which the representative carried the claim and the amount of the fee requested by the representative. When a fee is authorized, both the representative and the claimant are notified and allowed 30 days in which to request an administrative review in case of disagreement.

PAYMENT OF FEES

Basic liability for payment of a representative's fee rests with the claimant. However, if the representative is an attorney at law and there are past-due benefits awarded to the claimant under title II of the Social Security Act, a portion of the past-due benefits will be paid to the attorney toward payment of the fee. Such payment will be in an amount equal to whichever is the smaller: (1) the amount of the authorized fee; (2) 25 percent of the past-due benefits for months prior to the month in which the favorable determination was made on the claim, or (3) in cases decided below the court level, any amount that may have been agreed upon by the attorney and claimant as the fee for the attorney's services. The law does not permit direct payment to representatives except as indicated above; thus, if the representative is not an attorney at law (or there is an insufficient amount of accrued benefits to cover payment of an attorney's fee) the representative must look to the claimant for payment after his fee has been authorized by the Administration.

PENALTY FOR CHARGING UNAUTHORIZED FEE

Any representative who charges or collects an unauthorized fee for services performed in connection with a social security claim, including services before a court which has rendered a favorable determination, may be subject to prosecution under section 206 of the Social Security Act which provides that such individual, upon conviction thereof, shall for each offense be punished by a fine not exceeding \$500 or by imprisonment not exceeding 1 year, or both.

CONFLICT OF INTEREST

Sections 203, 205 and 207 of Title XVIII of the United States Code make it a criminal offense for certain officers, employees and former officers and employees of the United States to render certain services in matters affecting the Government or to aid or assist in the prosecution of claims against the United States.

NOTICE OF HEARING

In the case of
Hazel Cutler

(Claimant - Wage Earner)

228-20-1854

(Social Security Account Number)

TO: **Ms. Hazel Cutler**
187-26 Foch Boulevard
Jamaica, New York 11412

Claim For

Period of Disability and

Disability Insurance Benefits

Pursuant to your written request and provisions of section 205(b) of the Social Security Act, a hearing will be held

by the undersigned, a Hearing Examiner of the Bureau of Hearings and Appeals, on the 6th
day of October 1972 at 8:30 AM o'clock in Room 404 of the Chamber of Commerce Building,
89-31 161st Street Jamaica New York
(Number and Street) (City) (State)

The general issues to be determined are whether you are entitled to a period of disability under section 216(i) and to disability insurance benefits under section 223(a).

The specific issues to be decided are: (1) Whether you have the required insured status under the law; and if so, as of what date(s); (2) The nature and extent of your impairments; (3) Whether your impairment has lasted or can be expected to last for a continuous period of at least 12 months, or can be expected to result in death; (4) Your ability to engage in substantial gainful activity since your impairment began; (5) When your disability, if any, began.

This hearing involves your application(s) filed on August 10, 1971
(Date)

You should be prepared to prove that you were under a disability on or before June 30, 1970
(Date)

It may be to your interest to have your physicians appear at the hearing to testify on your behalf. Be prepared to furnish: your entire work history, including names of employers, dates of employment and a description of duties performed; schools and training; names of physicians who have examined or treated you; and periods of hospitalization with names of hospitals.

REMARKS:

IMPORTANT: Please sign and return at once the enclosed postal card notifying me whether you will be present at the above time and place. No postage is required on this card.

~~Administrative Law Judge~~

Jerome J. Feiner

Mail Address

Room 404, 89-31 161st Street
Jamaica, New York 11432

Date

September 22, 1972

Telephone Number

657-8700

Representative (Name and Address)

Mr. Frederick A. Santo, Dept. of Social Services, 92-16 147th St., Jamaica, N.Y. 11435

District Office (Address)

Jamaica, New York

Enclosure

READ THE OTHER SIDE OF THIS NOTICE FOR FURTHER INFORMATION REGARDING YOUR HEARING.

IMPORTANT INFORMATION

What is Meant by "Disability"

To be found under a "disability", an individual must be unable to engage in any substantial gainful activity due to a medically determinable physical or mental impairment which has lasted or can be expected to last for a continuous period of at least 12 months, or can be expected to result in death. The impairment must be so severe as to prevent the individual from engaging not only in his usual work, but, considering his age, education, previous training and work experience, in any other kind of substantial gainful work which exists in significant numbers either in the region in which he lives or in several regions of the country.

Appearance at Hearing

The date and time of this hearing have been set aside especially for you. Your failure to appear without good reason may cause dismissal of your Request for Hearing. Even though there is good reason, any postponement will delay disposition of your case. If an emergency arises preventing your appearance after you mail the postal card stating that you will be present, notify the Hearing Examiner promptly and give your reasons. Also advise the Hearing Examiner of the earliest date after which he can reschedule your case for hearing.

What You Should Do

The law places on you the burden of submitting evidence to support your claim. You must show the severity of your impairment by available medical evidence, and where necessary by appropriate medical tests. Bring to the hearing all medical and other evidence not already presented in your case: (1) A report from each doctor who has examined or treated you; (2) The results of laboratory tests and clinical findings; (3) Copies of medical evidence submitted to insurance companies, the State Compensation Commission; (4) Hospital records. If you find it impossible to obtain these latter records, notify the Hearing Examiner promptly before the day of the hearing. The Hearing Examiner may ask you to undergo a medical examination which will be performed at no expense to you.

The Hearing Examiner will question you about the types and dates of your past employment, earnings, schools you attended, special training and present daily activities. You should be prepared to give such information at the hearing.

Conduct of Hearing

You will have an opportunity to examine the documentary evidence on the day of the hearing. If you wish to examine it before the day of the hearing you may do so at the Hearing Examiner's office.

At the hearing the Hearing Examiner will inquire fully into the matters at issue. You may present evidence either in the form of written documents or the testimony of witnesses, or both. You may bring your own physicians or other witnesses to testify on your behalf. If necessary, the Hearing Examiner may ask the doctor who examined you to appear, and may bring in a medical or vocational expert to testify. Your testimony and that of any witnesses will be under oath or affirmation, and a verbatim record of the proceedings will be made. You may suggest findings of fact or conclusions of law and present arguments orally or in writing.

Representation

While it is not required, you may be represented at the hearing by an attorney or other qualified person of your choice, if you desire assistance in presenting your case. Any fee which your representative wishes to charge for his services in your case must be approved by the Bureau of Hearings and Appeals. Your representative must petition for fee approval at the conclusion of his services, and furnish you with a copy of his petition.

If you are found entitled to benefits and your representative is an attorney, 25 percent of your back benefits will normally be withheld for payment to your attorney upon approval of his fee. If the approved fee is less than the 25 percent withheld, the difference will be paid directly to you. If the approved fee is more than 25 percent, payment of the difference is a matter to be settled between you and your attorney.

If your representative is not an attorney, none of your benefits will be withheld; and payment of the fee which is approved is a matter to be settled between you and him.

If you have any other questions, your local Social Security office will be glad to help you.

REQUEST FOR HEARING

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Take or mail original and all copies to your local Social Security office.

| | |
|--|---|
| CLAIMANT'S NAME <i>Hazel Cutler</i> | CLAIM FOR <input checked="" type="checkbox"/> Entitlement to Disability Benefits <i>Cons of Hearings & Appeals</i> <i>8/27/71</i> |
| WAGE EARNER'S NAME (Leave blank if same as above) <i>Same</i> | <input type="checkbox"/> Continuance of Disability Benefits (98) <i>APR 14 1972</i> |
| SOCIAL SECURITY NUMBER <i>228-20-1834</i> | <input type="checkbox"/> Other |

Social Security Administration
New York 11432
(Specify type-claim)

I disagree with the determination made on the above claim and request a hearing before a hearing examiner of the Bureau of Hearings and Appeals. My reasons for disagreement are:

I was unable to engage in substantial gainful activity due to my impairment since 8/30/70

Check one of the following:

☒ I have additional evidence to submit. (Attach such evidence to this form or forward to the Social Security Office within 10 days.) *testimony at the hearing*

☐ I have no additional evidence to submit.

Check ONLY ONE of the statements below:

☒ I wish to appear in person before the hearing examiner.

☐ I waive my right to appear and give evidence, and hereby request a decision on the evidence before the hearing examiner.

Signed by: (Either the claimant or representative should sign-Enter addresses for both. If claimant's representative is not an attorney, complete Form SSA-1696)

| | |
|---|--|
| SIGNATURE OR NAME OF CLAIMANT'S REPRESENTATIVE <i>Frederick A. Santo</i> | CLAIMANT'S SIGNATURE <i>Hazel Cutler</i> |
| ADDRESS <i>Dept. of Social Services 92-16 147 PL.</i> | ADDRESS <i>87-26 70th Blvd</i> |
| CITY, STATE, AND ZIP CODE <i>JAMAICA, N.Y. 11435</i> | CITY, STATE, AND ZIP CODE <i>Jamaica NY 11412</i> |
| TELEPHONE NUMBER <i>70-5471</i> | TELEPHONE NUMBER <i>276-1989</i> |
| DATE: <i>4/13/72</i> | DATE: <i>4/13/72</i> |

Claimant should not fill in below this line

Is this request filed within 6 months of the reconsideration determination? ☒ Yes ☐ No

If "No" is checked: (1) attach claimant's explanation for delay, (2) attach any pertinent letter, material, or information in the Social Security Office.

ACKNOWLEDGMENT OF REQUEST FOR HEARING

Your request for a hearing was filed on *4/13/72* at *Jamaica S.O.*

The hearing examiner will notify you of the time and place of the hearing at least 10 days prior to the date which will be set for the hearing.

| | | |
|-------------------------------|--|---|
| Hearing Examiner Copy | TO: <input checked="" type="checkbox"/> Hearing Examiner <i>Jamaica NY</i> | For the Social Security Administration |
| Claim File Copy | TO: <input checked="" type="checkbox"/> Hearing Examiner-Disability file in BDI TELETYPE BDI, BALTIMORE, MD. | By: <i>Alfred Cap</i> (Signature) (Title) <i>Jamaica NY</i> (Street Address) <i>Jamaica NY</i> (City) (State) (ZIP Code) |
| | <input type="checkbox"/> Payment Center (Location) | |
| | <input type="checkbox"/> BHI (Location) | |
| | <input type="checkbox"/> DFC (BRSI) <input type="checkbox"/> CWAB (BDPA) | |
| Interpreter Needed (Language) | | Servicing District Office Code |

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS

TRANSCRIPT

In the case of

Claim for

Hazel Outler
(Claimant)

Period of Disability and
Disability Insurance Benefits

(Wage Earner)

228-20-1854

(Social Security Account Number)

Hearing Held

at

Room 404, Chamber of Commerce Building
89-31 161st Street, Jamaica, New York

on

October 6, 1972

APPEARANCES: Hazel Outler, Claimant
Frederick A. Santo, Representative for Claimant

JEROME J. FEINER
~~Hearing Examiner~~
Administrative Law Judge

Rosalyn B. Lancet
Hearing Assistant

INDEX OF TRANSCRIPT

In the case of

Account Number

Hazel Cutler, claimant and wage-earner

228-20-1854

Testimony of Mrs. CutlerCommencing p. 3

Oral Argument of Mr. Santo, Representative,
Department of Social Services, City of New York . . . Commencing p.21

(The following is a transcript of the hearing held before Jerome J. Feiner, an Administrative Law Judge of the Bureau of Hearings and Appeals, Social Security Administration, Department of Health, Education, and Welfare, on October 6, 1972, at Jamaica, New York, in the case of Hazel Cutler, Claimant and Wage-Earner, social security account number 228-20-1854. The Claimant, Hazel Cutler, appeared in person and was represented by Frederick A. Santo of the Department of Social Services, City of New York).

(The hearing commenced at 9:10 a.m. on October 6, 1972).

OPENING STATEMENT BY ADMINISTRATIVE LAW JUDGE

This hearing is held upon the request of Hazel Cutler, who is the claimant and wage-earner. She is represented by Frederick A. Santo of the Department of Social Services, who is present today at this hearing.

The first knowledge that I had of your case is when it was assigned to me for a hearing. Based upon all the evidence before me, I will arrive at a decision in your matter.

You filed an application for disability insurance benefits on August 10, 1971 in which you alleged inability to work from March 1963 due to conditions you described as diabetes mellitus, dizziness, forgetfulness, unsteady walk and arthritis.

The Social Security Administration denied your application both initially and upon reconsideration and you then requested a hearing which is being held this morning.

The general issues before me are to determine if you are entitled to disability insurance benefits or to a period of disability under Sections 223 and 216(i) respectively of the Social Security Act, as amended.

The specific issue before me is to determine whether during the effective period of your application and while the special

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earnings requirements under the law were met, you were under a disability as provided under the law. This means an inability to engage in any substantial gainful activity by reason of a medically determinable physical or mental impairment which under the law in effect prior to 1965 could be expected to result in death or to be of a long-continued and indefinite duration or which under the law after July 30, 1965 has lasted or can be expected to last for a continuous period of not less than 12 months and, if so, the commencing date of such disability.

The record also shows that you met the special earnings requirements for purposes of disability through June 30, 1970. Therefore, in order for you to be found entitled to a period of disability or disability insurance benefits, it must be shown that you were under such disability on or before that date, namely June 30, 1970.

In the proceeding this morning, your testimony will be taken under oath.

ADMINISTRATIVE LAW JUDGE: Mr. Santo, this morning you've had the opportunity of reviewing the proposed exhibits which are numbered 1 through 15. Are there any objections to admission of evidence of these proposed exhibits?

MR. SANTO: No, sir.

ADMINISTRATIVE LAW JUDGE: The proposed exhibits are hereby received into evidence. You have presented to me a statement dated October 2, 1972 on the letterhead of the Department of Social Services, City of New York, signed by one, Claire Kellman. Is this Claire Kellman associated in any way with the Department of Social Services?

MR. SANTO: No, sir, she isn't. She is Mrs. Cutler's last employer back in 1965.

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ADMINISTRATIVE LAW JUDGE: And was this statement typed --

MR. SANTO: I typed --

ADMINISTRATIVE LAW JUDGE: You typed it for Mrs. Kellman?

MR. SANTO: Yes, I did.

ADMINISTRATIVE LAW JUDGE: This statement is hereby received into evidence and marked as exhibit 16.

The claimant, HAZEL CUTLER, having been first duly sworn, testified as follows:

EXAMINATION BY ADMINISTRATIVE LAW JUDGE:

Q May I have your name and address please?

A Hazel Cutler.

Q Where do you live?

A 187-26 Foch Boulevard.

Q Is that in St. Albans, New York?

A Yes.

Q What is your date of birth?

A September '15.

Q You were born in September in the year 1915? What day were you born?

A 21st.

Q Where were you born?

A I think it's Norfolk County.

Q I beg your pardon?

A I think it's Norfolk County. I think it's called Norfolk County.

Q You were born in Norfolk in the state of Virginia?

A Yes.

Q And how much schooling have you had?

A Third grade.

Q And have you taken any special training or other vocational courses?

A No.

Q What is your height?

A I don't know. Five foot or something. I don't know.

Q About five foot. How much do you weigh?

A My standard weight is 185-180.

Q You weigh 180 pounds?

A Yes.

Q Are you married?

A Yes, I'm married but I don't want to live with my husband.

Q Are you separated?

A Yes.

Q And since when have you been separated?

A Oh -- twenty years.

Q For twenty years?

A Over twenty years.

Q Do you have any children?

A Yes.

Q How many?

A I got four. One-two-three-four.

Q Are all the children over twentieth-one years of age?

A Yes.

Q Are they all married?

A Yes.

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Q Do you live in a private house or in an apartment?

A Apartment.

Q And how many rooms do you have in your apartment?

A Three and a half.

Q Three and a half did you say?

A Yes.

Q And what floor is the apartment located on?

A On the second floor.

Q Is this an elevator apartment or a walk-up?

A Up steps.

Q Is this a two-family house or is it an apartment dwelling?

A It's a -- I think you call it an apartment. It's four

families.

Q Four family house?

A I think it's a garden apartment.

Q And do you live with anybody?

A No.

Q Do you live alone?

A Yes.

Q What transportation did you use to get to this hearing

today?

A The bus.

Q Were you ever in the military service of the United States?

A No.

Q Have you received any workmen's compensation benefits?

A No.

Q I want you to tell me the work that you have done for

the last twenty years.

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A I done domestic work.

Q You've only done domestic work all your life?

A And in the fields.

Q In the last twenty years?

A In the last twenty years, I didn't do nothing but domestic work. As I can remember, that's all I did.

Q And did you work for different employees?

A I worked Mrs. Kellman.

Q Over the course of the twenty years, did you work for different employers or did you work for one employer?

A I worked for one employer for ten years.

Q When was that?

A Up to 1960, I think it was.

Q From 1950 to 1960?

A Yes.

Q Who was that employer?

A Dr. Frank Lindsey.

Q Dr. Frank Lindsey?

A Yes.

Q Is that spelled L-I-N-D-S-E-Y?

A I think so. I don't know.

Q And then for the last ten years?

A I worked a day here and a day there and then with Mrs. Kellman.

Q Dr. Lindsey was located in Portsmouth, Virginia, is that right?

A Yes.

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Q I notice that from your statement here, exhibit #10. Now this letter which is exhibit 10 and received on November 3, 1971, you indicated that you worked steadily from 1952 to 1965 and that you believed you were unable to work since your operation at the Queens General Hospital in 1960 or '65. Now, the record shows that you were hospitalized at the Queens General Hospital on May 10, 1965. Now, is this the date you claim you were unable to work from when you were admitted to the Queens General Hospital on May 10, 1965?

A I was unable to work before I went there but that's the day I went to the hospital, I think that's the way it is.

Q In your letter you say, "I believe I have been unable to work since my operation at the Queens General Hospital in 1964 or 1965." Is that the time you claim inability to work?

A I ain't worked none. I ain't worked a bit. Yes.

Q In other words, from May 10, 1965 is what your claim is you were unable to work from.

A Yes. I ain't worked a drop.

Q Do you understand me?

A Yes. I ain't worked a drop. I can't work.

Q Now, have you done any work --

A No.

Q Will you wait until I finish my question please? Have you been able to do any work since May 10, 1965 or have you done any work since May 10, 1965?

A No.

Q Why have you been unable to work?

A Because for the sugar diabetes and I have dizziness in my head. I can't stand, bend over and I can't do no walking. I have

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arthritis the doctor said. I have weakness in my legs.

Q Where do you have the arthritis?

A In my joints, in my joints, in my hips, in my joints.

If I go to walk certain times, I fall out - fall right out.

Q What happens?

A I just give away in my joints.

Q You mean your legs give and you fall?

A Yes.

Q Or is it one leg that gives?

A Either one. Any place. Either one. Sometime I fall one side and sometime I fall another.

Q Now, you state you have dizziness. How frequently do you have this?

A I'm dizzy right now. I stays that way.

Q How often do you have these dizzy spells?

A Sometime I be so dizzy, I can't stand up.

Q Do you understand my question? I want to find out how often do you have these dizzy spells? Do they occur once a week, once a month?

A No. I stays continually. I stays dizzy all the time.

Q Continuous dizziness?

A Yes. A doctor give me medicine to try to keep it down but it don't -- it can't clean away.

Q Has the medicine helped your dizziness?

A It just tears it down but it don't stop it.

Q I beg your pardon, what does it do?

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A The medicine makes it like if I'm so dizzy I can hardly see. It will help it go down some but it do not stop it.

Q You say you have arthritis in all your joints?

A It must be all my joints. I catches them and I falls. If it catches me, I just falls. If I catch it in my ankles, I falls.

Q How often do you fall?

A I just lay here last week.

Q Well, how often do you fall?

A I couldn't really count but sometimes I would be walking right along and just fall. I can't keeping count of it 'cause I can't remember that much.

Q Alright. Now, are you able to care for your personal needs? Are you able to dress yourself, undress yourself, wash yourself, and so forth?

A Yes. I can put my clothes on now and I wash.

Q I beg your pardon?

A Yes. I take my own bath -- shower.

Q Do you have a license to drive an automobile?

A No.

Q What work do you do around the house?

A Well, really nothing much.

Q Well, what do you do?

A Well, I just walk around. I fix myself food.

Q Do you cook?

A I prepare my meals.

Q Yes, and what else?

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A I just -- If I see something on the floor, I pick it up but my children clean.

Q Do you do any of the housework?

A My daughter cleans. My daughter cleans.

Q I beg your pardon?

A My daughter cleans my house.

Q Where does your daughter live?

A Now, she's outside. She lives in Corona right now. She was living around the corner from me.

Q When did she move to Corona?

A About a month ago.

Q Now, how often does your daughter come to your house?

A Everyday.

Q Well, other than cooking, is there anything else you do around the house?

A I don't do nothing, just sit around.

Q Do you make the beds?

A I spread the cover for my bed if I get up, you know.

Q Do you make the bed?

A Yes. I put a cover on it.

Q Do you do any dusting?

A Well, when she cleans up, I don't have to do nothing, just sit down.

Q You do nothing else but cook and make the bed? You do nothing else?

A I just pull my cover up on my bed, fix my bed, yes.

Q Do you go out for walks?

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A Yes. I go out to the store sometimes -- packages.

Q I beg your pardon?

A I go to the store but she goes with me. I don't go by myself.

Q How often do you go out for walks?

A Very seldom.

Q Well, how often?

A Sometime I go out to the store across from here to that building over there.

(The claimant is pointing to a building across the street which would be approximately 50 feet from here).

ADMINISTRATIVE LAW JUDGE: Would that be right Mr. Santo?

MR. SANTO: Yes.

BY ADMINISTRATIVE LAW JUDGE:

Q Well, how often do you go out for walks?

A Well, once a week.

Q And you just walk to the store across the street?

A Cross over there to the store.

Q Is that a market?

A Yes.

Q And do you market?

A She buys my food. My daughter buys all the food. She does the shopping and brings all the food in.

Q You don't do any marketing at all then?

A Unless I wanted something -- a loaf of bread or something like that.

Q Well, how do you spend your day at home?

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A I just sit down and lay down 'cause I really don't have no energy to do nothing, just sit around, just sit down and she come over, sit down and sometime she'll take me if I have to go out like she'll go out and she'll take me out with her 'cause I can't go around by myself.

Q Why can't you go by yourself?

A Because I fall see and I can't trust myself.

Q Did you come to this hearing with anybody?

A No.

Q Did you come alone?

A No. My daughter is out there.

Q I'm asking you, did you come to this hearing with anybody and you said no.

A Yes. I come with her. She brought me.

Q Just listen to my question. You came with your daughter?

A Yes.

Q Alright. Is that the same daughter who shops?

A Yes.

Q What is her name?

A Yvonne Cutler -- I mean Yvonne Talvich.

Q Will you spell the last name please?

A I can't spell it.

Q Do you know her daughter's last name?

MR. SANTO: No, I don't.

BY ADMINISTRATIVE LAW JUDGE:

Q Repeat the name for me please.

A Talvich.

Q How old is your daughter?

A She's -- I think she's twenty-three now.

Q Is this the same daughter who comes to your house to assist you in marketing?

A Yes.

Q Is this the same daughter that does the cleaning for you?

A Yes. She help me clean.

Q How long is she married?

A She's been married -- I don't know. I can't tell you 'cause I can't think that far back.

Q She is married though?

A Yes.

Q Well, you said that you spend your day around the house just sitting around. Is there anything else you do?

A Well, there's nothing to do after they cleans up (inaudible) they cleans up.

Q I beg your pardon?

A There's nothing to do after she cleans up but fix a little food or --

Q Well, I'm asking you what you do with your day?

A Well, I don't do nothing but sometimes I try to do a little needle work and I can't see good how to do that much. Yes, I watches television. I have a television she bought me and I watches that.

ADMINISTRATIVE LAW JUDGE: Alright Mr. Santo, you may ask questions if you care to.

MR. SANTO: Okay.

EXAMINATION BY MR. SANTO:

Q Mrs. Cutler, we've heard you testify here today that since your operation in 1965, you haven't done any work whatsoever.

A No.

Q This operation in 1965, were you confined to the bed after this operation?

A Yes.

Q You were. I notice in your social security record that you went back for follow-up examination in Queens General Hospital until almost the end of 1966 due to this operation. Were you confined to your home for all that period or just part of that period?

A What did you say?

Q You seemed to be under treatment for this operation for a year. During this time, would you say that this operation alone was confining you to the bed or disabling you in any way?

A Yes. It did.

ADMINISTRATIVE LAW JUDGE: Are you referring to the claimant's operation at Queens General Hospital where she was hospitalized from May 10, 1965 to June 10, 1965 when she underwent a hysterectomy.

MR. SANTO: A hysterectomy, yes and the record shows that she had follow-up examinations and complaints about this.

ADMINISTRATIVE LAW JUDGE: I just wanted to identify the nature of when and where this surgery was performed.

BY MR. SANTO:

Q What happened to you as a result of this operation?

A Well, I don't know -- I couldn't -- I was -- I couldn't do nothing and I hurted all the time and I used to go back to the

hospital to see what was wrong and they would take x-ray things of me but they couldn't find nothing and all of them down my back. It hurt all the time..

Q Well, Mrs. Cutler, did you attempt to go back to work after that operation?

A No. 'cause I couldn't.

Q Well, your last employer was Mrs. Kellman. Did you talk to her after the operation at all?

A No. I ain't bother to talk to her.

Q You didn't talk to her at all?

A No.

Q You have worked for her for quite a while before the operation.

A Yes.

Q It seems you worked for her for at least four years. Was she a good employer?

A Yes.

Q She was. She mentioned to me when I talked to her that she also knew your mother.

A Yes.

Q Your mother had worked for her?

A No. My mother?

Q Your mother?

A No.

Q Your sister?

A My sister.

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Q Your sister. And would you say that she was an employer who would be tolerant if you couldn't do a days work or felt a little ill and wanted to go home certain days, would she allow you to do so?

A Yes.

Q Would you say that Mrs. Kellman would have let you try to work if you could have?

A Yes.

Q Okay. And it's your opinion that you just couldn't try to work even back in 1965-66.

A No.

Q Okay. Mrs. Kellman also told me that even before the operation you were experiencing dizziness.

A Yes.

Q And that you were weak.

A Yes.

ADMINISTRATIVE LAW JUDGE: Mr. Santo, I know you're not an attorney. I appreciate that. You see what you're doing now, you're testifying for the claimant. It will have no value. Do you understand what I'm pointing out?

MR. SANTO: Yes. I understand. I'm just not used to it.

BY MR. SANTO:

Q While you were working for Mrs. Kellman, did you experience difficulty then too before the operation?

A Yes.

Q You did. What kind of difficulty?

A I hurted. I was dizzy but I didn't know what it was and I hurted in my stomach and some days I go to work and I had to leave early and some days I didn't even go in.

- 17 -

Q I understand. Okay. Then, after your recovery of the operation, you discovered that you had other illnesses?

A Yes. This falling out -- these here -- these falling out you know.

Q What did the doctor say was wrong?

A Well --

ADMINISTRATIVE LAW JUDGE: What the doctor said that's a matter of the record. The record of treatment. If you want to repeat it, it's alright.

MR. SANTO: It's probably caused by the diabetes.

ADMINISTRATIVE LAW JUDGE: She said she had diabetes and she had dizziness and she had arthritis.

BY MR. SANTO:

Q Alright. Mrs. Cutler, you also testified -- well Mrs. Cutler, how far did you go in school did you say?

A Third grade.

Q Do you know how to read?

A I can't read.

Q Do you read newspapers?

A I don't read no papers. That's the reason why I looks at the television news 'cause I can't understand. I can't read enough to understand.

Q Do you feel that you could do any other type of work other than what you did -- domestic work?

A No.

Q Mrs. Cutler, you also have an injury to your left hand.

A Yes.

- 18 -

Q You're missing three of your fingers.

ADMINISTRATIVE LAW JUDGE: Which hand is that?

MR. SANTO: The left hand.

CLAIMANT: The right hand.

MR. SANTO: The right hand. I'm sorry.

BY MR. SANTO:

Q How many years ago did that happen?

A Oh, that's been -- I don't know. It's been a long time ago. I cut off -- with a scar.

BY ADMINISTRATIVE LAW JUDGE:

Q Well, how many years ago was it?

A It's been over twenty-five.

Q Over twenty-five years ago?

A Yes.

BY MR. SANTO:

Q Now even for domestic work, do you feel that your injury impaired your ability to work on domestic work?

A With this?

Q With that.

A No. This didn't bother me.

Q Right. But could you work as fast as another woman doing the same job?

A Yes.

Q You could.

A The people was amazed that I work.

Q Even as you got older?

A Yes.

- 19 -

Q Mrs. Cutler, may I ask after you stopped working, who supported you?

A Well, I tell you. I got another daughter I was living with. At least I had my own home and she was living with me again -- she and her husband and after I got so I couldn't work and they took over another house and they were taking care of me, at least they would help take care of me.

Q Did you have anything of your own?

BY ADMINISTRATIVE LAW JUDGE:

Q Which daughter took care of you?

A Mrs. Deans. She used to help take care.

Q D-E-A-N-S?

A Yes. She used to help take care of me. No, I have nothing more.

BY MR. SANTO:

Q You had nothing of your own. Would you say you were a burden on your relatives financially?

A Yes.

Q Would that be something you would like to be?

A No.

Q If you had worked, would you have worked?

A Yes. Yes.

Q Then a year or so later, did you apply for public assistance?

A Yes.

Q You did?

A Yes.

Q What year was that?

- 20 -

A I don't know. I can't -- I don't know.

Q As an employee of the department can I say it was 1967?

ADMINISTRATIVE LAW JUDGE: Does the record so indicate?

MR. SANTO: The record shows.

ADMINISTRATIVE LAW JUDGE: What month in 1967?

MR. SANTO: September of 1967 she applied for public assistance.

ADMINISTRATIVE LAW JUDGE: And did she receive benefits?

MR. SANTO: Yes sir, she did.

ADMINISTRATIVE LAW JUDGE: Since that time?

MR. SANTO: Since that time, she received benefits claiming the entire period that she was unable to work and needed assistance.

ADMINISTRATIVE LAW JUDGE: Did she receive benefits from September 1967?

MR. SANTO: Yes.

BY MR. SANTO:

Q Mrs. Cutler, how did you feel receiving welfare benefits?

ADMINISTRATIVE LAW JUDGE: Is this the welfare benefits from the City of New York?

MR. SANTO: Yes, sir.

A Well, by used to being working you know your own and you don't you know, I felt better than taking from my daughter now and then and when you used to have your own, there's a difference.

Q Would you have rather been working?

A Yes. I would have.

Q Mrs. Cutler, why did you wait until 1970 to apply for your social security benefits?

A Because I thought I couldn't do -- didn't have anybody no understanding about it.

Q You didn't have any understanding about it.

A No.

Q If you had understood, would you have applied?

A I don't know 'cause they always told me that you had to be 65 and older.

Q Well, if you had understood that you could get it for a disability, would you have applied?

A I would try, yes, but I didn't understand.

Q You didn't not apply because you felt you weren't disabled.

A No, 'cause I didn't know, 'cause I thought -- I thought some day I would be able to go back to work.

Q Yes. Alright Mrs. Cutler, the final question, you understand your earnings record makes you eligible for social security disability up to the year 1970. Do you feel that it is without a doubt that you were disabled before 1970?

A Yes.

Q Thank you very much Mrs. Cutler.

RE-EXAMINATION BY ADMINISTRATIVE LAW JUDGE:

Q How much are you receiving by way of benefits?

A Now?

Q Yes.

A I guess \$109.50 every two weeks.

MR. SANTO: The record shows it is correct. Can I make a summary?

ADMINISTRATIVE LAW JUDGE: You certainly may. Go right ahead.

MR. SANTO: I'd like to say that Mrs. Cutler is fifty-five years old now -- fifty-six years old now, appears to be a woman whose

worked hard all her life and earned her way and I think that her presence here shows -- can show it. It's very good that she's had a chance to appear. We can see that she could be considered a woman beyond in years I would believe. She's had experiences with hospitalizations since 1955 and we're claiming that she is disabled since that date, although the record only requires that we prove that she was disabled before 1970. She's been on public assistance since 1967, three years prior to that date claiming in the record that she was unable to work and accepting public assistance payment in lieu of her working. Her education is very limited. We don't feel that it could be -- a case could not be made that she could hold any other kind of employment except what she did have -- domestic work and I think the statement from her employer, her last employer, back in 1965 shows that even in this employment, she was kept on the job as much for her love and care of the children as for the amount of domestic work she could do and as we also noted today that she does have an injury to her right hand for many many years. Based on all these factors sir, we would feel that it would be an injustice to deny her her social security disability pension and request that it be granted.

ADMINISTRATIVE LAW JUDGE: Thank you, Mr. Santo. I will close this hearing and a written decision will be mailed to you, Mrs. Cutler with a copy to your representative.

(The hearing was closed at 9:45 a.m. on October 6, 1972)

C E R T I F I C A T I O N

I have read the foregoing transcript and hereby certify that it is a true and complete record of the hearing.

Rosalyn B. Lancel
Hearing Assistant



APPLICATION FOR DISABILITY INSURANCE BENEFITS

Form Approved
Budget Bureau No. 72-R0530

(Do not write in this space)

44

NOTICE. — (a) Whoever makes or causes to be made any false statement or representation of a material fact in an application or for use in determining a right to payment under the Social Security Act, or (b) whoever, having received a payment for the use and benefit of another person, knowingly and willfully uses such payment for other than the person for whom it is received, is subject, under the Social Security Act, to a fine of not more than \$1,000 or 1 year's imprisonment, or both.

JAMAICA, N. Y. 11432
AUG 10 1971
21120
SSA DISTRICT OFFICE

I hereby apply for a period of disability and/or all insurance benefits payable to me under Title II of the Social Security Act, as amended.

| | | |
|---|---|---|
| 1. Enter your full name <i>Hazel Cutler</i> | (Check one) <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female | Enter your Social Security number (If none or unknown so indicate) <i>228301854</i> |
| 2. Enter your date of birth (Show month, day, and year) <i>Sept 21, 1915</i> | Enter the name of the State or Foreign Country where you were born <i>Norfolk, Virginia</i> | |
| 3. (a) Have you (or has someone on your behalf) ever filed an application for a period of disability or social security benefits before? <input type="checkbox"/> Yes (If "Yes," answer (b), (c), and (d).) <input checked="" type="checkbox"/> No (If "No," go on to item 4). | | |
| (b) Kind of claim filed | | |
| (c) Enter name of person on whose earnings record you filed other application(s) | | (d) Enter Social Security Number of person named in (c) |
| 4. What is your disability? (Briefly describe your impairment, that is, the injury or illness that prevents, or has prevented, you from working.) <i>DIABETES, MELLITUS, OBESITY, FINGERFULNESS, UNSTEADY WALK, ARTHRITIS</i> | | |
| 5. (a) When did you become unable to work because of your disability? | | Date (Month, day, and year) <i>MARCH XX, 1963</i> |
| (b) Are you still disabled? <input checked="" type="checkbox"/> Yes (If "Yes," go on to item 6.) <input type="checkbox"/> No (If "No," answer (c).) | | |
| (c) If you are no longer disabled, enter the date you were again able to work. | | Date (Month, day, and year) |
| 6. Check any of the following which apply to you: | | |
| (a) <input type="checkbox"/> Confined in a medical institution other than a general hospital | (d) <input type="checkbox"/> Confined in a chair (Including wheel chair) | |
| (b) <input type="checkbox"/> Patient in a general hospital | (e) <input type="checkbox"/> None of the above but unable to go outside | |
| (c) <input type="checkbox"/> Confined in bed at home | (f) <input checked="" type="checkbox"/> Able to go outside but only with help of another person or device | |
| | (g) <input type="checkbox"/> Able to go outside without help | |

7. (a) Have you EVER filed (or do you intend to file) claims for disability benefits under any workmen's compensation law or plan? 45
☐ Yes (If "Yes," answer (b) and (c).) ☒ No (If "No," go on to item 8.)

(b) Has there been any decision or any payment (temporary, permanent, or lump-sum) made on the claim(s) filed?
☐ Yes (If "Yes," answer (c) and (d).) ☐ No (If "No," answer (c).)

(c) Workmen's compensation claim number(s)

(d) Enter the amount of the weekly payment made to you \$
 (If you are receiving or have received payments on other than a weekly basis, such as bi-weekly or monthly payments, or if you have received a lump-sum payment based on your workmen's compensation claim, please indicate in "Remarks" and include the amount of such payment or payments.)

8. Did you work in the railroad industry any time on or after January 1, 1937?
☐ Yes ☒ No

9. (a) Were you in active military or naval service after September 7, 1939?
☐ Yes (If "Yes," answer (b) and (c).) ☒ No (If "No," go on to item 10.)

(b) Enter name of branch (Army, Navy, etc.), country served (if other than U.S.) and dates of service.

(c) Have you received, or do you expect to receive, a benefit from any other Federal agency?
☐ Yes (If "Yes," enter the names of all such agencies.) ☐ No

10. • Enter the names and addresses of all the persons, companies or government agencies for whom you worked during the last 12 months.
 • If you worked in agricultural employment, give this information for this year and last year.
 NOTE: If you were not an employee this year or last year, enter the information for your last period of employment no matter how long)
 • If you have never been an employee, enter "none" below and go on to item 12 regarding self-employment.

| NAME AND ADDRESS OF EMPLOYER | WORK BEGAN | | WORK ENDED (If still working show "Not Ended") | |
|---------------------------------|------------|------|---|------|
| | Month | Year | Month | Year |
| Mrs. Kellman address unknown | | | | |
| | | | | |

(If you need more space, use "Remarks" space on the back page.)

11. May the Social Security Administration or the State agency reviewing your case ask your employers for information needed to process your claim? ☒ Yes ☐ No

12. Were you self-employed this year, last year, or the year before?
☐ Yes (If "Yes," answer item 13.) ☒ No (If "No," go on to item 14.)

| CHECK THE YEAR OR YEARS IN WHICH YOU WERE SELF-EMPLOYED | IN WHAT KIND OF TRADE OR BUSINESS WERE YOU SELF-EMPLOYED? | WERE YOUR NET EARNINGS FROM YOUR TRADE OR BUSINESS \$400 OR MORE? (Check "Yes" or "No") |
|---|---|--|
| <input type="checkbox"/> This Year | | |
| <input type="checkbox"/> Last Year | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Year Before Last | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

14. How much were your total earnings last year? (Count both wages and self-employment income. If none, write "None") \$ rose 46

15. How much have you earned so far this year? (If none, write "None") \$ rose

16. (a) Check (✓) whether you are:
☒ **MARRIED** (Whether living together or separated) ☐ **WIDOWED** ☐ **DIVORCED** ☐ **SINGLE**
(If you checked "MARRIED" or "WIDOWED," complete (b), (c), and (d) if appropriate.) (If you checked "DIVORCED" or "SINGLE" go on to item 18.)

| (b) Enter your wife's maiden name or your husband's name | Date of Birth (If unknown, give age) | Date of Marriage | If husband or wife is age 62 or over or is filing for disability benefits, enter his or her Social Security No. |
|--|---|------------------|---|
| <u>Edward Cutler</u> | <u>Nov 3, 1918</u> | <u>Apr 1949</u> | |

(c) If your husband or wife is deceased, enter the date of death here → Date of Death

(d) If you are a married woman, was your husband receiving at least one-half of his support from you at the time you became unable to work because of your disabling condition, or is he receiving at least one-half of his support from you now? ☐ Yes ☒ No

17. Answer item 17 only if you are married AND your husband or wife is applying for benefits.

(a) Check (✓) whether your marriage was performed by:
Clergyman or authorized public official ☐, or other ☐ (Explain)

(b) Were you married before your present marriage? ☐ Yes ☐ No
(If "Yes," give the following information about each of your previous marriages.)

| | | | |
|-------------------|--------------------|-----------------------------|--------------------------------------|
| Previous marriage | To Whom Married | When (Month, day, and year) | Where (Enter name of city and State) |
| | How marriage ended | When (Month, day, and year) | Where (Enter name of city and State) |
| Previous marriage | To Whom Married | When (Month, day, and year) | Where (Enter name of city and State) |
| | How marriage ended | When (Month, day, and year) | Where (Enter name of city and State) |

(Use "Remarks" space on back page for information about any other marriage.)

18. (a) Do you have ANY children (including natural children, adopted children, and stepchildren) who are now or were in the past 12 months UNMARRIED and

| | | |
|--|------------------------------|--|
| • UNDER AGE 18 | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| • AGE 18 TO 22 AND ATTENDING SCHOOL | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| • DISABLED (18 OR OVER AND DISABILITY BEGAN BEFORE AGE 18) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If you have children who may qualify for benefits under any of the above conditions, answer (b) and (c).

| (b) Full Name of Child | Full Name of Child |
|------------------------|--------------------|
| | |
| | |
| | |

(c) Do you wish to apply on behalf of all the children named in item 18(b) for all insurance benefits payable to them under Title II of the Social Security Act, as amended? ☐ Yes ☒ No
If you are not applying for any child you name, enter the child's name under "Remarks" (back page of this form) and explain why you are not applying for such child. You may apply for a child even though you do not wish to be the payee for the child's benefits.

19. Do you have a dependent parent who was receiving at least one-half of his or her support from you at the time shown in item 5(a) when you became unable to work because of your disability? ☐ Yes ☒ No

20. Do you authorize any physician, hospital, agency, or other organization to disclose to the Social Security Administration or to the State agency that may review this application or your continuing disability, any medical records or other information about your disability? ☒ Yes ☐ No

YOU MUST NOTIFY THE SOCIAL SECURITY ADMINISTRATION PROMPTLY IF:

- Your MEDICAL CONDITION IMPROVES so that you would be able to work, even though you have not yet returned to work.
- You GO TO WORK whether as an employee or a self-employed person.
- You apply for periodic benefits under any workmen's compensation law or plan.
- You are DISCHARGED FROM THE HOSPITAL if you are now hospitalized.

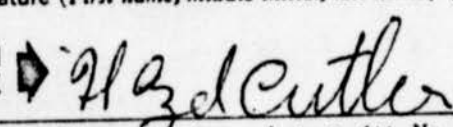
21. Do you agree to notify the Social Security Administration promptly if any of the above events occur? ☒ Yes ☐ No

Remarks: (This space may be used for explaining any answers to the questions. If additional space is required, attach separate sheet.)

I DID DOMESTIC WORK. MY EMPLOYERS REPORTED MY EARNINGS TO SOCIAL SECURITY. MRS KELLMAN HAS MOVED FROM THE ADDRESS SHE HAD WHEN I WORKED FOR HER. I DO NOT KNOW WHERE SHE IS PRESENTLY.

IMPORTANT INFORMATION. PLEASE READ CAREFULLY.—A claimant for disability insurance benefits is required to submit medical evidence showing the nature and extent of his disability during the time he alleges he was under a disability. If such evidence is not sufficient to arrive at a determination, he may be requested to have an independent medical examination at the expense of the Social Security Administration. Should Social Security obtain information useful to his physician for treatment, such information may be furnished to him.

I know that anyone who makes a false statement or representation of a material fact in an application or for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal Law. I affirm that the above statements are true.

| SIGNATURE OF WITNESSES | | SIGNATURE OF APPLICANT | |
|---|--|--|--------------------------|
| If this application has been signed by mark (X), two witnesses who know the applicant must sign below, giving their full addresses. | | Signature (First name, middle initial, last name) (Write in ink) | |
| 1. Signature | | SIGN HERE  | |
| Address (Number and street, City, State, and ZIP Code) | | Mailing address (Number and street, Apt. No., P.O. Box, or Rural Route) 187-26 FOCH BLVD | |
| 2. Signature | | City and State ST ALBANS, NY | Zip Code 11412 |
| Address (Number and street, City, State, and ZIP Code) | | Date (Mo., day and year) AUG 10, 1971 | Telephone number none |
| | | Enter name of county (if any) in which you now live QUEENS | |

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

FORM APPROVED
BUDGET BUREAU 72R523.5

48

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| DISABILITY DETERMINATION AND TRANSMITTAL | | | | 1. FOLDER TO: BOI <input type="checkbox"/> SA <input checked="" type="checkbox"/> DFC <input type="checkbox"/> | | 2. DATE APP'D. 08/10/71 | |
| 3. W/E (If Auxiliary Filing) <input type="checkbox"/> OASI W/E <input type="checkbox"/> DIB W/E <input type="checkbox"/> | | | | 4. SOCIAL SECURITY ACCOUNT NUMBER 228-20-1854 | | | |
| 5. NAME AND ADDRESS OF CLAIMANT Hazel Cutler 187 26 Foch Blvd Jamaica NY 11412 | | | | 6. DOB 09/21/15 | | 7. SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/> | |
| | | | | 8. RACE W <input checked="" type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> | | 9. AOD 03/00/63 | |
| | | | | 10. AT AGE 47 | | | |
| 11. CLAIM FOR FREEZE <input type="checkbox"/> DIB <input checked="" type="checkbox"/> CHILD <input type="checkbox"/> DWS <input type="checkbox"/> | | | | 12. FAMILY STATUS MAR. SO. <input checked="" type="checkbox"/> NO. CHILDREN (UNDER 18) 0 | | 13. QC REQ. LAST MET 2/3/67 | |
| 14. <input type="checkbox"/> W/E DOES NOT MEET QC REQ. A. <input type="checkbox"/> DIS. BOI REVIEW B. <input type="checkbox"/> SINCE LAST DET. | | | | 15. PREV. DENIED OR TERM. <input type="checkbox"/> | | 16. BOR-DIS. DEV. IN PROGRESS SD <input checked="" type="checkbox"/> | |
| 17. MED. DEV. DEF. <input type="checkbox"/> | | | | | | | |
| 18. S A CODE 330 | | 19. STATE New York | | 20. DISTRICT OFFICE ADDRESS 165 15 88 Ave Jamaica NY 11432 | | DO CODE 120 RO CODE 21 | |
| 21. CLAIMS REPRESENTATIVE <i>Yvonne Talmadge</i> | | | | 23. REMARKS Yvonne Talmadge 187 09 Tioga Dr Jamaica NY 11412 1971 AUG 12 NY 8:4 NO PHONE | | | |
| 22. DATE OF TRANSMITTAL 8/11/71 | | | | 23. REMARKS PRESCRIBED PERIOD | | | |
| PURSUANT TO PROVISIONS OF SEC. 221 OF SOCIAL SECURITY ACT, IT IS DETERMINED THAT THE CLAIMANT: | | | | | | | |
| 24. <input type="checkbox"/> HAS BEEN UNDER A DISAB. SINCE | | 25. <input type="checkbox"/> WAS UNDER A DISAB. A. DATE FROM B. TO | | 26. <input checked="" type="checkbox"/> WAS NOT UNDER A DISAB. ON OR BEFORE (Date) 12/31/67 | | 29. DIAGNOSIS Diabetes mellitus Obesity | |
| 27. <input type="checkbox"/> WAS NOT UNDER A DISAB. | | 28. CASE OF BLINDNESS AS DEFINED IN SEC. 210(i) A. <input type="checkbox"/> NOT UNDER A DISAB. FOR CASH BENE. PURP. B. <input type="checkbox"/> UNDER A DISAB. FOR CASH BENE. PURP. SINCE | | | | 30. MOB CODE F | |
| 31. VOCATIONAL BACKGROUND (Occupation) Domestic | | | | 32. BASIS FOR DETERMINATION 1502 A | | OCC. YEARS UNK. EDUC. YEARS 3 | |

RECEIVED
165-156874
NOV 15 1971
21120
SA DISTRICT OFFICE

☒ CONTINUED ON ATTACHED SHEET (Use OA-D834)

| | | | | | | | | | |
|--|--|---|--|--|--|--|--|--|--|
| 33. RECOMMEND RE-EXAM ON (Date) | | 34. DISABILITY EXAMINER S A <i>M. Brannigan</i> | | 35. DATE 9/15/71 | | 36. REVIEW PHYSICIAN S A <i>M. Dulcet</i> | | 37. DATE 9/16/71 | |
| 38. <input type="checkbox"/> CHILD'S DISABILITY BEGAN BEFORE AGE 18 AND CONTINUES. <input type="checkbox"/> CHILD NOT UNDER A DISABILITY WHICH BEGAN BEFORE AGE 18. | | 39. <input checked="" type="checkbox"/> W/E MEETS QC REQ. IN 12/67 QTR. <input type="checkbox"/> W/E DOES NOT MEET QC REQ. HAS _____ OF _____ QTRS. FOR AOD ENDING _____ | | 40. A PERIOD OF DISABILITY IS <input type="checkbox"/> ESTABLISHED FROM _____ TO _____ <input checked="" type="checkbox"/> NOT ESTABLISHED | | | | | |
| 41. REMARKS SEE REVISED #31 OF 2/25/72 | | | | | | | | | |
| 42. RE-EXAM REQ. | | 43. DISABILITY EXAMINER | | 44. DATE | | 45. DISABILITY EXAMINER <i>William 13</i> | | 46. DATE 10/9/71 | |
| CLAIMANT TO BE NOTIFIED BY: | | | | 49. PRIOR ACT. <input type="checkbox"/> PD <input type="checkbox"/> PT <input type="checkbox"/> REVISED | | 50. BASIS CODE K | | 51. A OR D CODE D-1 | |
| 47. <input checked="" type="checkbox"/> BOI <input type="checkbox"/> PC | | 48. LTR, PAR. NO. 874F (10/31/67) | | 52. RETURN CODE | | 53. CAT. <input checked="" type="checkbox"/> W <input type="checkbox"/> DIB <input type="checkbox"/> OSP <input type="checkbox"/> CH <input type="checkbox"/> FR | | 54. SPECIAL CODE <input type="checkbox"/> VA <input type="checkbox"/> VAD | |
| 55. LIST NO. | | | | | | | | | |

FORM OA-D831 (11-67)

1-FOLDER COPY

EXHIBIT NO. 2(2)

CONTINUATION SHEET
FOR DISABILITY DETERMINATION

MI:Sh 3 49

| | | | |
|--|---|------------------------|---------|
| NOTE.—Use this form only when necessary for continuation of item 32 of "DISABILITY DETERMINATION" or "CESSATION OR CONTINUANCE OF DISABILITY". | | | |
| NAME | NAME OF WAGE EARNER (IF AUXILIARY FILING) | SOCIAL SECURITY NUMBER | DATE |
| Hazel Cutler | | 228-20-1854 | 9/15/71 |

Disability is alleged as of 3/63 due to diabetes mellitus and dizziness. Insurance coverage was last met 12/31/67.

Medical evidence from 1967 reveals a diagnosis of diabetes mellitus, obesity, status post lipoma of right middle finger and possible arthritis. Physical examination from 6/67 did not reveal any diabetic retinopathy or neuropathy. There was no history of acidosis. Note from 10/16/69 indicates that claimant had no complaints. There were no significant physical findings or changes.

Disability is not established as medical evidence does not indicate that claimant suffered from a severe impairment on or before 12/31/67, when insurance coverage was last met.

EXHIBIT NO. *24420/2*



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

BALTIMORE, MARYLAND 21241
October 15, 1967

BUREAU OF
DISABILITY INSURANCE

REFER TO:
220-20-1854

Mrs Hazel Cutler
107 26 Foch Boulevard
Jamaica NY 11412

Dear Mrs. Cutler:

We have determined that you are not entitled to disability insurance benefits because you do not meet the disability requirement of the law. In reaching this decision we considered how much your condition has affected your ability to work. After carefully studying your records including the medical evidence and your statements, and considering your age, education, training and experience, it has been determined that your condition was not disabling within the meaning of the law on any date through ~~December 31, 1967~~. This is the last day on which you still met the earnings requirement. An explanation of the disability requirement and the earnings requirement is given on the back of this notice.

If you believe that this determination is not correct, you may request that your case be re-examined. If you want this reconsideration, you must request it not later than 6 months from the date of this notice. You may make your request through any social security office. If additional evidence is available, you should submit it with your request. Please read the enclosed leaflet for a full explanation of your right to question the determination made on your claim.

If you have questions about your claim, you may get in touch with any social security office. Most questions can be handled by telephone or mail. If you visit an office, however, please take this letter with you.

Sincerely yours,

F. H. Sheel

F. H. Sheel
Director, Division of
Initial Claims

Enclosure:
SSI-58

EXHIBIT NO. 3 (2)
SSA-L807.4F (3-71)

IMPORTANT INFORMATION

Under the Social Security Act, a person may qualify for disability insurance benefits only if he meets both the earnings requirement and the disability requirement of the law. The information below explains these requirements:

The Earnings Requirement:

- A person whose disability began before age 24 meets the earnings requirement if he has social security credits for 6 calendar quarters (1½ years) of work during a 12-quarter (3-year) period ending with a quarter before age 24 in which he is disabled.
- A person whose disability began between the ages 24 and 31 meets the earnings requirement if he has social security credits for work in at least one half of the calendar quarters in the period beginning with the calendar quarter after age 21 and ending with a quarter before age 31 in which he is disabled.
- A person whose disability began at age 31 or later meets the earnings requirement if he has social security credits for 20 calendar quarters (5 years) of work during a 40-quarter period (10 years) ending in or after a quarter in which he is disabled.

If a person does not have credit for the amount of work shown above he is not eligible for disability insurance benefits.

The Disability Requirement:

A person may be considered disabled only if he is unable to perform any substantial gainful work due to a medical condition which has lasted or can be expected to last for a continuous period of at least 12 months. His impairment must be so severe as to prevent him from working not only in his usual occupation but in any other substantial gainful work considering his age, education, training, and work experience.

The decision on your claim was made by the Social Security Administration on the basis of a disability determination by an agency of the State in which you live. Physicians and other trained disability evaluation personnel in the State agency participate in making such determinations.

Definitions of disability are not the same in all government and private disability programs. Government agencies must follow the particular laws which apply to their disability programs. Therefore, a finding by a private organization or another government agency that a person is disabled would not necessarily mean that he meets the disability requirement of the Social Security Act.

No benefits may be paid to the wife, husband, or child unless the wage earner or self-employed person is entitled to disability insurance benefits.

This notice concerns only your disability application. It is not a decision as to whether retirement, survivors, or hospital and medical insurance benefits are payable.

According to your present earnings record and the date of birth you gave us, you have enough credit for work under social security to qualify you for retirement benefits at age 62.



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

see attached

52

Form Approved
Budget Bureau No. 72-R0552

REQUEST FOR RECONSIDERATION

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON

Hazel Cutler

SOCIAL SECURITY CLAIM NUMBER

228-20-1854 HA

NAME OF CLAIMANT

CLAIM FOR (Specify type, e.g., retirement, disability, hospital insurance, etc.)

Disability

(Do not write in this space)

ALICE, N. Y. 11432

NOV 8 1971

21:20 (SC)

I do not agree with the determination made on the above claim and request reconsideration.

My reasons are:

I am totally unable to work due to my arthritis and diabetes. I am enclosing a full statement with this reconsideration.

NOTE: If the date of the notice of the determination on this claim was more than six months ago include your reason for not making this request earlier.

I am submitting the following additional evidence (If none, write "None."):

medical records of Dr. Hans Bergmann and Queens General Hosp. and Long Island Jewish Hosp.

SIGNATURE OF WITNESSES ONLY

If this request has been signed by mark (X), two witnesses who know the person requesting reconsideration must sign below, giving their full addresses.

1. NAME

ADDRESS (Number and Street, City, State and Zip Code)

2. NAME

ADDRESS (Number and Street, City, State and Zip Code)

SIGNATURE (Write in Ink—First, Middle Initial, Last Name)

Hazel Cutler

MAILING ADDRESS (Number and Street, P.O. Box or Route)

187-26 70th Blvd

CITY AND STATE

Jamaica Ny

ZIP CODE

11412

DATE (Month, Day, and Year)

11/3/71

TELEPHONE NUMBER

940-5471

FOR SOCIAL SECURITY OFFICE USE ONLY

PROVIDER NAME AND NUMBER

INTERMEDIARY NAME AND NUMBER

SOCIAL SECURITY OFFICE ADDRESS

ROUTING INSTRUCTIONS
(Check one)

☐ State Agency (Route with disability folder)

☐ Payment Center _____ BDI, Balto. ☐

☐ BHI, RO _____ ☐ BHI, Attn: DRB, Balto.

☐ Division of Foreign Claims, Balto.

☐ BDPA, Attn: CWAB, Balto.

☐ Intermediary

FORM SSA-561 (8-68)

NOTE: Take or mail completed copies to your Social Security Office.

EXHIBIT NO.

4



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BALTIMORE, MARYLAND 21241

APR 3 1972

BUREAU OF
DISABILITY INSURANCE

REFER TO:

DI:R:3H
228-20-1854

NOTICE OF RECONSIDERATION DETERMINATION

Mrs. Hazel Cutler
187 26 Foch Boulevard
Jamaica, New York 11412

Dear Mrs. Cutler:

In view of your request for reconsideration, all the information about your claim has been carefully evaluated. It has been determined that the previous decision was proper under the law.

You state that you became unable to work in March 1965, at age 49, because of several reasons including diabetes, arthritis and dizziness. Your records show that you have a third grade education and that you have been employed as a maid. Wages paid to you by Mrs. Claire Kellman of \$420.00 in 1961, \$870.00 in 1962, \$1,000.00 in 1963 and \$125.00 in 1965 have been added to your earnings record. You last met the earnings requirement for disability on June 30, 1970.

The medical evidence includes various hospital summaries. The reports show that although you do have some diabetes, there is no indication that it had resulted in any severe complications on or before June 30, 1970. Special testing has not disclosed that arthritis or dizziness would have seriously interfered with your ability to be physically active for the required duration during the period that you met the earnings criteria.

We are not deciding whether you are disabled now because a condition which may become disabling after the last date on which the earnings requirement was met cannot serve as a basis for qualifying for benefits.

If you believe that the reconsideration determination is not correct, you may request a hearing before a hearing examiner of the Bureau of Hearings and Appeals. If you want a hearing, you must request it not later than 6 months from the date of this notice. You should make your request through any social security office. Read the enclosed leaflet BHA-1 for a full explanation of your right to appeal.

Robert J. Duvall
Director, Division of Reconsideration

Enclosures (2)

RCharnovitz:slm 3/29/72 RC/VRS 3/29/72

EXHIBIT NO.

5/27

ADDITIONAL INFORMATION ABOUT
YOUR RECONSIDERATION DECISION

Who reviewed your claim

Your claim was thoroughly re-evaluated by a physician and a disability examiner in your State agency which works with us in making disability determinations. This new evaluation was then independently reviewed in the Social Security Administration.

What is the definition of disability

A person may be considered disabled only if he is unable to perform any substantial gainful work due to a medical condition which has lasted or can be expected to last for a continuous period of at least 12 months. His impairment must be so severe as to prevent him from working not only in his usual occupation but in any other substantial gainful work considering his age, education, training and work experience.

Findings of other government and private agencies regarding disability as well as the conclusions of attending physicians are carefully considered in reaching a determination as to whether or not a person is disabled for social security purposes. To be eligible under social security, however, the disability requirements specified in the Social Security law must be met.

What are your further rights

If you disagree with this reconsideration decision, you may request a hearing as explained in this letter. (This is not a decision as to whether benefits will be payable to you at retirement age.)

If your condition should get worse, you should get in touch with your social security office about whether you could be entitled to disability benefits.

If you have questions about your claim, you should get in touch with any social security office. Most questions can be handled by telephone or mail. If you visit an office, however, please take the enclosed letter with you.

EXHIBIT NO. 5 (pg 2 of 2)

Form 88-5
TREASURY DEPARTMENT
FEDERAL REVENUE SERVICE
(revised August 1941)

APPLICATION FOR SOCIAL SECURITY ACCOUNT NUMBER
REQUIRED UNDER THE FEDERAL INSURANCE CONTRIBUTIONS ACT
READ INSTRUCTIONS ON BACK BEFORE FILLING IN FORM

[228-20-1854]

DO NOT WRITE IN THE ABOVE SPACE

EACH ITEM MUST BE FILLED IN. IF THE INFORMATION CALLED FOR IN ANY ITEM IS NOT KNOWN, WRITE "UNKNOWN." PLEASE PRINT OR USE TYPEWRITER FOR ALL ITEMS EXCEPT SIGNATURE.

1. Hazel Elizabeth Dickens.
FIRST NAME MIDDLE NAME (IF YOU HAVE NO MIDDLE NAME OR INITIAL, DRAW A LINE) LAST NAME
SHOW NAME YOU GAVE YOUR PRESENT EMPLOYER; OR IF UNEMPLOYED, THE NAME YOU WILL USE WHEN EMPLOYED.

2. 832 Pearl St APC. 4 Portsmouth VA 3. Hazel Elizabeth Bell.
PRESENT MAILING ADDRESS (STREET AND NUMBER) (CITY) (STATE) ENTER FULL NAME GIVEN YOU AT BIRTH IF DIFFERENT FROM ITEM 1

4. 26 5. Sept 21 1915 6. Churchland VA
AGE AT LAST BIRTHDAY DATE OF BIRTH (MONTH) (DAY) (YEAR) PLACE OF BIRTH (CITY) (COUNTY) (STATE)

7. Alford Bell 8. Lucy Grossom
FATHER'S FULL NAME, REGARDLESS OF WHETHER LIVING OR DEAD MOTHER'S FULL NAME BEFORE EVER MARRIED, REGARDLESS OF WHETHER LIVING OR DEAD

(CHECK (✓) WHICH) COLOR (CHECK (✓) WHICH)
9. SEX: ☐ MALE ☒ FEMALE 10. OR ☐ WHITE ☒ NEGRO ☐ OTHER (SPECIFY)
11. HAVE YOU EVER BEFORE APPLIED FOR: (CHECK (✓) WHICH)
(A) SOCIAL SECURITY ACCOUNT NUMBER ☐ YES ☒ NO
(B) RAILROAD RETIREMENT NUMBER ☐ YES ☒ NO
IF ANSWER IS "YES," ENTER PLACE AND DATE OF ORIGINAL APPLICATION

12. UNEMPLOYED 832 Pearl St. APC. 4 Portsmouth VA
BUSINESS NAME AND ADDRESS OF EMPLOYER. IF UNEMPLOYED, WRITE "UNEMPLOYED." (STREET AND NUMBER) (CITY) (STATE)

13. March 2 1942 14. Hazel Elizabeth Dickens
DATE SIGNED WRITE YOUR NAME AS USUALLY WRITTEN (DO NOT PRINT)

RETURN COMPLETED APPLICATION TO, OR SECURE INFORMATION ON HOW TO FILL IN APPLICATION FROM, NEAREST SOCIAL SECURITY BOARD FIELD OFFICE. THE ADDRESS CAN BE OBTAINED FROM LOCAL POST OFFICE.

16-5628-1

EXHIBIT NO. 6

1972
STATEMENT OF EMPLOYER

Form Approved
Budget Bureau No. 72-R0247

56



To process an application for social security benefits, we need a statement of the wages you paid to the individual named below (and any cash tips reported by him to you) for the periods checked. Please give this information even if you have recently reported these wages on tax returns sent to the Internal Revenue Service. Because of the time needed to handle these reports of wages for millions of employees, your return may not yet be readily available to the Social Security Administration. Your cooperation in promptly filling out and returning this statement will help in making an early and accurate decision in this case. An envelope that requires no postage is enclosed for your use. (The filing of an application does not necessarily mean that a currently employed wage earner plans to quit working.)

Mrs. Kellman
81-20 160 Avenue
Howard Beach, N. Y.

In replying, Address: SOCIAL SECURITY ADMINISTRATION

100-15 0TH AVENUE
J.M.C. A. N.Y. 11432
291-3206

TELEPHONE

DATE

1/25/72

DISTRICT MANAGER

Ann Bakowski

Enclosure

1. This is to certify that wages in the amounts shown have been PAID during the period(s) checked below to—

NAME OF WAGE EARNER

SOCIAL SECURITY NUMBER

Cutler, Hazel

223-20-1854

ADDITIONAL IDENTIFYING INFORMATION (To be completed by Social Security Administration when applicable)

187-26 Poch Blvd., Jamaica, N. Y. 11412

2. Include the value of all remuneration (exclusive of tips) before withholding of tax whether paid in cash or kind. However, show only the amount of cash wages paid for services performed in a private home as a domestic or in work not in the course of the employer's trade or business. If no wages were paid in the periods checked below, write "None"; if the amounts are unknown, write "Unknown." If this wage earner reported cash tips received in connection with his employment for you, complete item 13 on the back of this form. If you believe any of the amounts shown are not wages or any of the employment is not covered under the Social Security Act, outline your reasons under "Remarks" on the back of this form.

| PERIOD | WAGES PAID YEAR 19 <i>61</i> | WAGES PAID YEAR 19 <i>62</i> | WAGES PAID YEAR 19 <i>63</i> | WAGES PAID YEAR 19 <i>64</i> |
|--------------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| January 1—March 31, inclusive..... | <i>\$ 60</i> | <i>\$ 120</i> | <i>\$ 250</i> | <i>\$ 250</i> |
| April 1—June 30, inclusive..... | <i>\$ 120</i> | <i>\$ 250</i> | <i>\$ 250</i> | <i>\$ 125</i> |
| July 1—September 30, inclusive..... | <i>\$ 120</i> | <i>\$ 250</i> | <i>\$ 250</i> | <i>\$ 125</i> |
| October 1—December 31, inclusive.... | <i>\$ 120</i> | <i>\$ 250</i> | <i>\$ 250</i> | <i>\$ 125</i> |

☒ COMPLETE ITEMS 14 and 15.

☐ DO NOT COMPLETE ITEMS 14 and 15.

In item 3 below use specific terms such as file clerk, traveling or city salesman, maid, plumber, attorney, etc. In item 8 use specific terms such as radio manufacturing, wholesale drugs, retail grocery store, physician's office, private home, etc.

EMPLOYEE'S OCCUPATION

NATURE OF BUSINESS

BUSINESS NAME OF EMPLOYER (Type or Print)

WRITTEN SIGNATURE OF EMPLOYER OR AUTHORIZED EMPLOYEE OF FIRM

EMPLOYER'S FEDERAL IDENTIFICATION NO.

PRINTED NAME AND TITLE OF PERSON SIGNING ABOVE

STREET ADDRESS OF EMPLOYER

TELEPHONE NO. OF INDIVIDUAL COMPLETING FORM

DATE THIS STATEMENT FILLED OUT

CITY STATE ZIP CODE

Howard Beach, N.Y. 11414

1-41-1436

Jan. 26, 1972

13. This is to certify that cash tips in the amounts shown have been reported by the wage earner named on the front of this form during the period(s) checked below. (Enter the amount of tips included in written reports to you by the wage earner during the quarter, regardless of whether or not the employee social security tax was withheld. CAUTION—Tip amounts shown below should not be included in the amounts shown in item 2 on the front of this form.)

| PERIOD | TIPS REPORTED YEAR 19 | TIPS REPORTED YEAR 19 | TIPS REPORTED YEAR 19 | TIPS REPORTED YEAR 19 |
|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| January 1—March 31, inclusive | <input type="checkbox"/> \$ | <input type="checkbox"/> \$ | <input type="checkbox"/> \$ | <input type="checkbox"/> \$ |
| April 1—June 30, inclusive | <input type="checkbox"/> \$ | <input type="checkbox"/> \$ | <input type="checkbox"/> \$ | <input type="checkbox"/> \$ |
| July 1—September 30, inclusive | <input type="checkbox"/> \$ | <input type="checkbox"/> \$ | <input type="checkbox"/> \$ | <input type="checkbox"/> \$ |
| October 1—December 31, inclusive | <input type="checkbox"/> \$ | <input type="checkbox"/> \$ | <input type="checkbox"/> \$ | <input type="checkbox"/> \$ |

14. Did you file employment tax return(s) (Form 941 or 942) for each period shown in item 2 or item 13 of this form?

☒ Yes ☐ No

If "No," please identify the period for which no return was filed and state why you did not do so.

15. For returns which you did file, were the wages listed on this form included in your return?

☐ Yes ☐ No

(a) If "Yes," please furnish the following information:

| | | | | | | | | | |
|---|------------|--|--|--|--|--|--|--|--|
| Date return(s) were filed: | Period | | | | | | | | |
| | Date Filed | | | | | | | | |
| Page and line number of report where this wage earner was reported: | Page No. | | | | | | | | |
| | Line No. | | | | | | | | |

(Please use another sheet if more entries are needed)

(b) If "No," please state below the amount of wages reported and why these wages differ from the amounts shown in items 2 or 13 of this form. If no wages were reported, show "none" and explain below why no wages were reported.

| | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|
| Period | | | | | | | | | |
| Amount Reported | | | | | | | | | |

(Please use another sheet if more entries are needed.)

Explanation:

Remarks:

EXHIBIT NO.

Key 2042

272
STATEMENT OF EMPLOYERForm Approved -
Budget Bureau No. 72-R0247

58



To process an application for social security benefits, we need a statement of the wages you paid to the individual named below (and any cash tips reported by him to you) for the periods checked. Please give this information even if you have recently reported these wages on tax returns sent to the Internal Revenue Service. Because of the time needed to handle these reports of wages for millions of employees, your return may not yet be readily available to the Social Security Administration. Your cooperation in promptly filling out and returning this statement will help in making an early and accurate decision in this case. An envelope that requires no postage is enclosed for your use. (The filing of an application does not necessarily mean that a currently employed wage earner plans to quit working.)

Mrs. Kellman
81-20 160 Avenue
Howard Beach, N. Y.

In reply, Address: SOCIAL SECURITY ADMINISTRATION

165-15 137th AVENUE
JAMAICA, N. Y. 11432
20130

TELEPHONE

DATE 1/25/72

DISTRICT MANAGER

Enclosure

1. This is to certify that wages in the amounts shown have been PAID during the period(s) checked below to—

NAME OF WAGE EARNER

SOCIAL SECURITY NUMBER

Cutler, Hazel

228-20-1854

ADDITIONAL IDENTIFYING INFORMATION (To be completed by Social Security Administration when applicable)

187-26 Foch Blvd., Jamaica, N. Y. 11412

2. Include the value of all remuneration (exclusive of tips) before withholding of tax whether paid in cash or kind. However, show only the amount of cash wages paid for services performed in a private home as a domestic or in work not in the course of the employer's trade or business. If no wages were paid in the periods checked below, write "None"; if the amounts are unknown, write "Unknown." If this wage earner reported cash tips received in connection with his employment for you, complete item 13 on the back of this form. If you believe any of the amounts shown are not wages or any of the employment is not covered under the Social Security Act, outline your reasons under "Remarks" on the back of this form.

| PERIOD | WAGES PAID YEAR 19 <u>65</u> | WAGES PAID YEAR 19 <u> </u> | WAGES PAID YEAR 19 <u> </u> | WAGES PAID YEAR 19 <u> </u> |
|--------------------------------------|--|---------------------------------------|---------------------------------------|---------------------------------------|
| January 1—March 31, inclusive..... | <input checked="" type="checkbox"/> \$ 125 | <input type="checkbox"/> \$ <u> </u> | <input type="checkbox"/> \$ <u> </u> | <input type="checkbox"/> \$ <u> </u> |
| April 1—June 30, inclusive..... | <input checked="" type="checkbox"/> \$ <u> </u> | <input type="checkbox"/> \$ <u> </u> | <input type="checkbox"/> \$ <u> </u> | <input type="checkbox"/> \$ <u> </u> |
| July 1—September 30, inclusive..... | <input checked="" type="checkbox"/> \$ <u> </u> | <input type="checkbox"/> \$ <u> </u> | <input type="checkbox"/> \$ <u> </u> | <input type="checkbox"/> \$ <u> </u> |
| October 1—December 31, inclusive.... | <input checked="" type="checkbox"/> \$ <u> </u> | <input type="checkbox"/> \$ <u> </u> | <input type="checkbox"/> \$ <u> </u> | <input type="checkbox"/> \$ <u> </u> |

☒ COMPLETE ITEMS 14 and 15.☐ DO NOT COMPLETE ITEMS 14 and 15.

In item 3 below use specific terms such as file clerk, traveling or city salesman, maid, plumber, attorney, etc. In item 8 use specific terms such as radio manufacturing, wholesale drugs, retail grocery store, physician's office, private home, etc.

3. EMPLOYEE'S OCCUPATION

MAID

NATURE OF BUSINESS

Home

4. BUSINESS NAME OF EMPLOYER (Type or Print)

Richard Kellman

WRITTEN SIGNATURE OF EMPLOYER OR AUTHORIZED
EMPLOYEE OF FIRM

Richard Kellman

5. EMPLOYER'S FEDERAL IDENTIFICATION NO.

339-26-5330

10. PRINTED NAME AND TITLE OF PERSON SIGNING
ABOVE

CLAIRE KELLMAN

6. STREET ADDRESS OF EMPLOYER

81-20 160 Ave

CITY

STATE

ZIP CODE

Howard Beach, N.Y. 11414

TELEPHONE NO. OF
INDIVIDUAL COMPLETING
FORM

641-1436

12. DATE THIS STATEMENT
FILED OUT

1/26/72

13. This is to certify that cash tips in the amounts shown have been reported by the wage earner named on the front of this form during the period(s) checked below. (Enter the amount of tips included in written reports to you by the wage earner during the quarter, regardless of whether or not the employee social security tax was withheld. CAUTION—Tip amounts shown below should not be included in the amounts shown in item 2 on the front of this form.)

| PERIOD | TIPS REPORTED YEAR 19 | TIPS REPORTED YEAR 19 | TIPS REPORTED YEAR 19 | TIPS REPORTED YEAR 19 |
|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| January 1—March 31, inclusive | <input type="checkbox"/> \$ | <input type="checkbox"/> \$ | <input type="checkbox"/> \$ | <input type="checkbox"/> \$ |
| April 1—June 30, inclusive | <input type="checkbox"/> \$ | <input type="checkbox"/> \$ | <input type="checkbox"/> \$ | <input type="checkbox"/> \$ |
| July 1—September 30, inclusive | <input type="checkbox"/> \$ | <input type="checkbox"/> \$ | <input type="checkbox"/> \$ | <input type="checkbox"/> \$ |
| October 1—December 31, inclusive | <input type="checkbox"/> \$ | <input type="checkbox"/> \$ | <input type="checkbox"/> \$ | <input type="checkbox"/> \$ |

14. Did you file employment tax return(s) (Form 941 or 942) for each period shown in item 2 or item 13 of this form?

☒ Yes ☐ No

If "No," please identify the period for which no return was filed and state why you did not do so.

15. For returns which you did file, were the wages listed on this form included in your return?

☐ Yes ☐ No

(a) If "Yes," please furnish the following information:

| | | | | | | | | | |
|---|------------|--|--|--|--|--|--|--|--|
| Date return(s) were filed: | Period | | | | | | | | |
| | Date Filed | | | | | | | | |
| Page and line number of report where this wage earner was reported: | Page No. | | | | | | | | |
| | Line No. | | | | | | | | |

(Please use another sheet if more entries are needed.)

(b) If "No," please state below the amount of wages reported and why these wages differ from the amounts shown in items 2 or 13 of this form. If no wages were reported, show "none" and explain below why no wages were reported.

| | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|
| Period | | | | | | | | | |
| Amount Reported | | | | | | | | | |

(Please use another sheet if more entries are needed.)

Explanation:

Remarks:

Due to the lapse in time since 1961 my figures may not be accurate. I have no records of any returns or forms.

John R. Rina

EXHIBIT NO. 21847

REPORT OF CONTACT
(Use ink or typewriter)

ACCOUNT NUMBER AND SYMBOL

228-20-1854

60

REVIEWING OFFICE

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON

TO: NY P BIR CH KC SF DBS DIO SA

Hazel Cutter

PERSON(S) CONTACTED AND ADDRESS

right

☐ WE OR SE PERSON

☒ OTHER (Specify)

Yvonne Falmadge
71 AUG 27 4:00 PM '67

CONTACT MADE:

☐ DO ☐ BO ☐ SC ☐ HOME ☒ PHONE:

☐ OTHER

DATE OF CONTACT

8/26/71

SUBJECT

Qmt checked dates of hospitalization and it was Sept 1965. E.R. is correct as per letter. She worked possibly up to one or two weeks of July 1965

DO NOT WRITE IN MARGIN

SIGNATURE

Ruth Allayne

DISTRICT OFFICE

Janner

☐ CR ☐ FR ☐ SR ☐ CLAIMS CLERICAL

☐ OTHER (Specify)

DATE OF REPORT

8/26/71

PAGE 1 OF 1

REPORT OF CONTACT
(Use ink or typewriter)

ACCOUNT NUMBER AND SYMBOL

228-20-1854

61

REVIEWING OFFICE

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON

TO: NY P BIR CH KC SF DBS DIO SA

HAZEL CUTLER

PERSON(S) CONTACTED AND ADDRESSES:

☐ WE OR SE PERSON ☐ OTHER (Specify)

THUS 20 1963

CONTACT MADE:

☐ DO ☐ BO ☐ SC ☐ HOME ☐ PHONE:

☐ OTHER

DATE OF CONTACT

SUBJECT

U/E alleges onset 3/02/63
But E/P shows substantial pasting
them 9/65 5th.
U/E has no telephone so it
may take some time to procure
proper onset.

101 D but signal as per
onset not determined as yet.

DO NOT WRITE IN.

SIGNATURE

DISTRICT OFFICE

165-15 88th AVE.
JAMAICA, N. Y. 11432

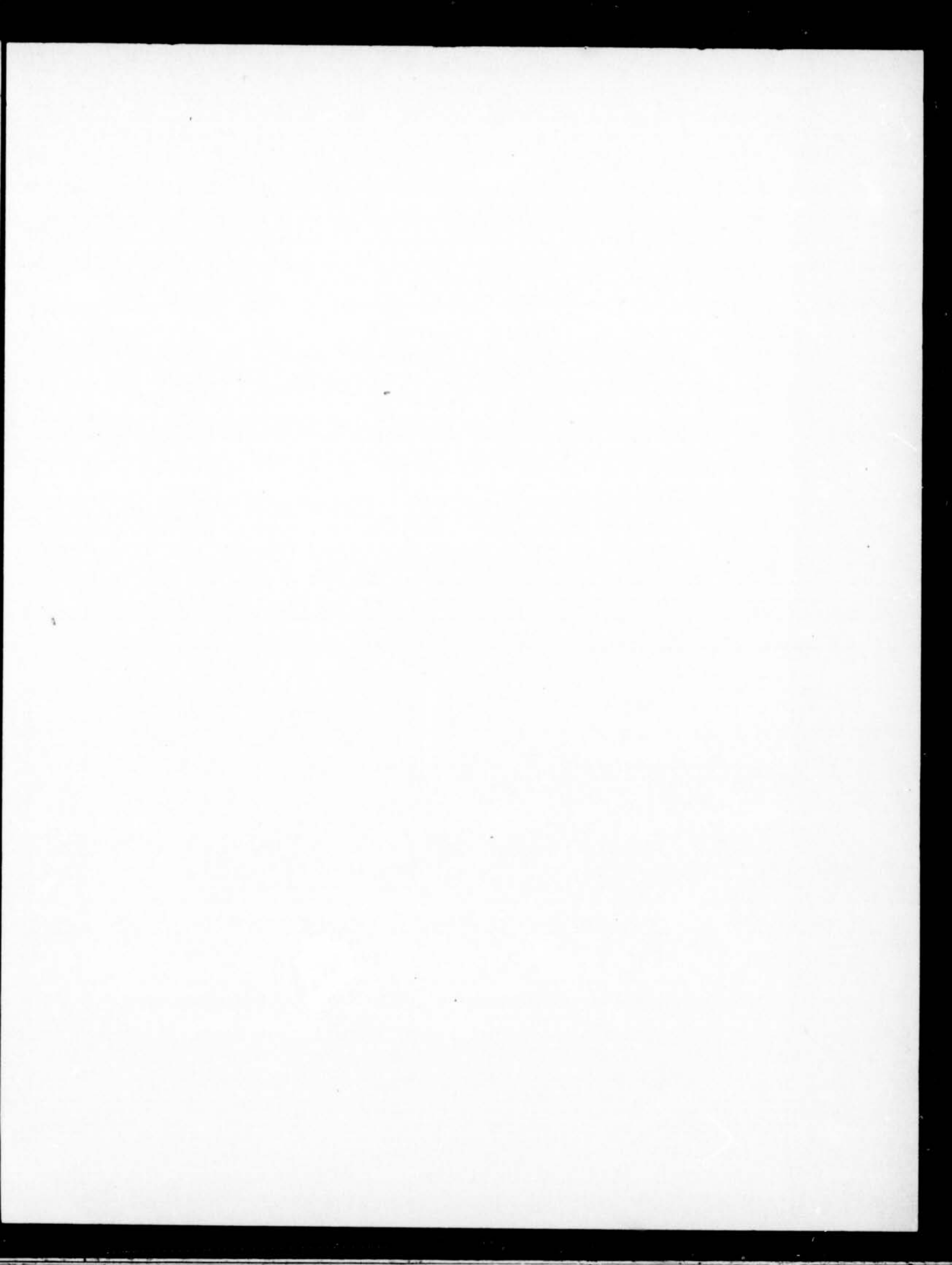
☐ CR ☐ FR ☐ SR ☐ CLAIMS
CLERICAL

☐ OTHER (Specify)

DATE OF REPORT

PAGE OF

EXHIBIT NO. 2 (pg 2 of 2)



EARNINGS RECORD P.I.A. DETERMINATION

REPORT OF DISABILITY INTERVIEW
(Write Legibly)OFFICE
Jimmie
CONTACT MADE
☒ IN PERSON
☐ TELEPHONEDATE
8/10/71
PLACE OF CONTACT
☒ DO ☐ CS
☐ HOME ☐ OTHER

ACCOUNT NUMBER

CLAIMANT'S NAME

WAGE EARNER'S NAME (If not the claimant)

*228-20-1854**HAZEL CUTLER*PERSON(S) CONTACTED ☒ CLAIMANT ☐ OTHER (If other, show name, address and relationship to a claimant.)NATURE OF INJURY OR ILLNESS *DIABETES,
MELLITUS, RIZZINESS, FINGER-
FULNESS, RATHALIS*CURRENT
AGE
*55*HIGHEST GRADE
COMPLETED
*3*OTHER TRAINING
none

JOB TITLE (Principal occupation)

TYPE OF BUSINESS OR INDUSTRY

INTERVIEWER'S SIGNATURE

☒ FR ☐ OTHER*DOMESTIC**HOUSEHOLD**A. Balabady*

I. ONSET OF IMPAIRMENT

a. DATE INJURY OR ILLNESS FIRST
BOTHERED CLAIMANTb. DATE CLAIMANT STOPPED
WORKING

c. AOD

*9/XX/62**3/XX/63**3/XX/63*Describe effect
of impairment on
work when condi-
tion first bothered
claimant.

- Symptoms
- Job duties
- Working con-
ditions
- Attendance

Describe signi-
ficant changes
(with dates) until
work stopped.

- Symptoms
- Job duties
- Working con-
ditions
- Attendance

Give claimant's
reasons for
stopping work.Explain if AOD
later than date
claimant stopped
work.

*When she was first bothered by her condition
she was experiencing pain in her stomach. On the
AOD she went to the hospital to have the
stomach tumor removed. It was then that
it was diagnosed that she had diabetes.
She stopped working at the AOD because
she physically felt she could not
work. The other associated ailments also
hit her about the same time. Before
she stopped working she had no
restriction in her job duties - also,
she did not miss days at work.*

Has claimant worked since the alleged onset date? (If "Yes," complete Form OA-D821.)

☐ YES☒ NOIf any apply, the
decision will
most likely rest
on the medical
reports or SGA.CHECK ANY OF THE FOLLOWING THAT APPLY (If any of the items are checked—Do Not Complete
pages 2, 3, or 4.)☐ Is engaging in SGA☐ Alleges progressive cancer☐ Has lost a leg because of
diabetes or Buerger's disease☐ Is hospitalized for
a condition related
to the alleged disability☐ Is unable to speak, or to
see, or to hear☐ Has lost use of a leg because of a
fractured vertebrae☐ Loss of use of at least two limbsEXHIBIT NO. *8(4)*

II. PROGRESSION OF CONDITION

Have there been any changes in symptoms, physical limitations, or activities since work stopped? ☒ Yes ☐ No

64

She cannot stoop over or put her feet down because of the deformity; her stomach pains are a throbbing pain of the operation.

If yes, describe all changes in condition (with dates) since work stopped.

III. EFFECTS OF CURRENT CONDITION

She states she has blurred vision; her head hurts. She prepares for our meals and does the housework (does not vacuum, scrub, or get down on her knees). Uses public transportation only if someone is with her (her daughter accompanied her to the district office this day).

Describe current condition

- ☐ Symptoms—Type, frequency, severity
- ☐ Normal Activity limitations
- ☐ Other limitations

Physician placed limitations

- ☐ Bed rest
- ☐ Special therapy
- ☐ Diet
- ☐ Restricted activity
- ☐ Etc.

Special diet - #1 diet; no excessive or quick walking; wears supporting stockings for her legs.

IV. DAILY ACTIVITIES

She lives alone in a 3 1/2 room apartment located on the second floor. There is no elevator. She is able to care for her own personal hygiene needs (she takes a bath - does not shower because she cannot stand up). She wakes up early in the morning, prepares her breakfast. She sits around the house or goes out with her daughter and grandchildren.

Describe activities of a typical day

- ☐ Physical
- ☐ Mental
- ☐ Contact with others

Describe assistance required in caring for personal needs.

Describe current living arrangements.

CHECK ANY OF THE FOLLOWING THAT APPLY (If any of the items are checked—Complete Observations (Section VII) and Omit Sections V and VI Only)

- | | |
|--|--|
| <input type="checkbox"/> Is house confined because of a physical impairment | <input type="checkbox"/> Parkinson's disease with marked tremors or propulsive gait. |
| <input type="checkbox"/> 3 months after stroke claimant has weakness of 2 limbs, or severe speech or memory defect with marked loss of use of one limb | <input type="checkbox"/> Multiple sclerosis with staggering gait, marked tremors or visual difficulties |
| <input type="checkbox"/> Arthritis with gross deformity of 2 or more limbs | <input type="checkbox"/> Other severe, observable limitations (Describe under Observations (Section VII).) |

If any apply, a description of the impairment and observations are needed to supplement the medical reports.

V. WORK EXPERIENCE

List all types of jobs held in 15 years before onset

Job title

Approximate dates worked

List all job titles and dates worked since claimant began working where claimant is age 55 or older, and

Has 6th grade education or less, and

Performed only arduous unskilled labor

after 1963 = domestic 65

Did claimant's last job before onset involve an occupation different from the principal job? (If "Yes," describe in Section VI of a separate SSA-401.) ☐ Yes ☒ No

VI. PRINCIPAL JOB (Vocational Description)

A. JOB IDENTIFICATION

| APPROXIMATE DATES WORKED | HRS./DAY | DAYS/WEEK | RATE OF PAY OR AVERAGE EARNINGS |
|--------------------------|----------|-----------|---------------------------------|
| <i>all the 1963</i> | <i>8</i> | <i>5</i> | <i>\$ 12 PER DAY</i> |

B. PHYSICAL DEMANDS

Describe each "Yes" item in terms of:

Weight

Distance

Time

Frequency

Etc.

| | | |
|--|---|--|
| 1. Lifting | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | How much in lbs.? <i>household work</i> How often? <i>household work</i> How High? <i>household work</i> |
| 2. Carrying | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | How much in lbs.? <i>household work</i> How often? <i>household work</i> How far? <i>household work</i> |
| 3. Pushing/pulling | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | How much in lbs.? <i>household work</i> How often? <i>household work</i> How far? <i>household work</i> |
| 4. Standing | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | How much time/day? <i>80%</i> |
| 5. Walking | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | How much time/day? <i>20%</i> |
| 6. Sitting | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | How much time/day? <i>0%</i> |
| 7. Climbing | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | How high? <i>household work</i> How often? <i>household work</i> |
| 8. Stooping, bending and/or kneeling | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | How often and/or how long? <i>scrubbing, getting under furniture</i> |
| 9. Describe arm and hand manipulation in terms of (1) degree of coordination needed, (2) whether movements are gross or fine, (3) how often, and (4) how long. | | |
| <i>movements are gross</i> | | |
| EXHIBIT NO. <i>_____</i> | | |
| 10. Driving | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | How often and/or how long? |

Use space for narrative description of physical demands where:

Items above are not appropriate

Supplemental description of item(s) would be helpful (e.g., human or machine assistance required to move heavy weights.)

VI. PRINCIPAL JOB (Vocational Description) - continued

☒ Dust ☒ Noise ☐ Exposure to Elements ☐ Extremes in Temperature ☐ Work Pressure ☒ Dampness
☐ No adverse working conditions ☐ Other

C. WORKING CONDITIONS

Describe each item checked except "No adverse working conditions"

dust - household dust; noise - vacuum cleaner; dampness - wet carpet, paint

D. JOB DUTIES

Describe fully each of the duties performed by the claimant in a typical day, including the amount of supervision received.

She performed household work as a domestic and received the instruction of her employer

1. Training—other than on-the-job received ☐ Yes ☒ No
 2. Special qualifications or skills required ☐ Yes ☒ No

3. Supervision of others required ☐ Yes ☒ No

E. REQUIRED SKILLS

Describe all "Yes" answers fully.

VII. OBSERVATIONS

Sight ☐ Yes ☒ No
 Reading ☐ Yes ☒ No
 Responding ☐ Yes ☒ No

Hearing ☐ Yes ☒ No
 Use of hands and arms ☐ Yes ☒ No
 Writing ☐ Yes ☒ No
 Speaking ☐ Yes ☒ No

Comprehending ☐ Yes ☒ No
 Breathing ☐ Yes ☒ No
 Sitting ☐ Yes ☒ No
 Walking ☒ Yes ☐ No
 Other ☐ Yes ☐ No

Check each item to the left to indicate whether or not any difficulty was observed.

She is missing digits on her right foot (pre-finger and middle finger).

Appearance - neat/clean

Attitude - good

No untoward circumstances

surrounding interview

She is obese.

Walking - has a limp on left leg

Describe fully
 • General appearance
 • Behavior
 • Outward attitude
 • Circumstances surrounding the interview
 • ALL ITEMS CHECKED "YES."

REPORT OF DISABILITY INTERVIEW
(Write Legibly)

| | |
|---|--|
| OFFICE <u>Jamaica</u> | DATE <u>11/3/71</u> <u>67</u> |
| CONTACT MADE <input checked="" type="checkbox"/> IN PERSON <input type="checkbox"/> TELEPHONE | PLACE OF CONTACT <input checked="" type="checkbox"/> DO <input type="checkbox"/> CS <input type="checkbox"/> HOME <input type="checkbox"/> OTHER |

| | | |
|--|--|--|
| ACCOUNT NUMBER <u>228-20-1854</u> | CLAIMANT'S NAME <u>Angel Cutler</u> | WAGE EARNER'S NAME (If not the claimant) |
| PERSON(S) CONTACTED <input checked="" type="checkbox"/> CLAIMANT <input type="checkbox"/> OTHER (If other, show name, address and relationship to a claimant.) | | |

| | | | |
|--|--|--|--|
| NATURE OF INJURY OR ILLNESS <u>Diabetes / Arthritis</u> | CURRENT AGE <u>56</u> | HIGHEST GRADE COMPLETED <u>3</u> | OTHER TRAINING <u>None</u> |
| JOB TITLE (Principal occupation) <u>Domestic</u> | TYPE OF BUSINESS OR INDUSTRY <u>Household</u> | INTERVIEWER'S SIGNATURE <u>J. Kalmonson</u> | <input checked="" type="checkbox"/> CR <input type="checkbox"/> PR <input type="checkbox"/> OTHER |
| I. ONSET OF IMPAIRMENT | | B. DATE INJURY OR ILLNESS FIRST BOTHERED CLAIMANT <u>1961</u> | D. DATE CLAIMANT STOPPED WORKING <u>3/65</u> |
| | | C. AOD <u>3/65</u> | |

Describe effect of impairment on work when condition first bothered claimant.

- Symptoms
- Job duties
- Working conditions
- Attendance

Describe significant changes (with dates) until work stopped.

- Symptoms
- Job duties
- Working conditions
- Attendance

Give claimant's reasons for stopping work.

Explain if AOD later than date claimant stopped work.

In 1961 or 1965 ^{claimant} underwent a hysterectomy operation. After that claimant could do no more work due to dizziness, arthritis, pains, overall weakness, and diabetes complications. Had worked as domestic all her working life. No longer able to work at this job as had to stop and sit down to rest every couple of minutes.

Has claimant worked since the alleged onset date? (If "Yes," complete Form OA-D821.)

☐ YES ☒ NO

| | | | |
|---|---|--|--|
| If any apply, the decision will most likely rest on the medical reports or SGA. | CHECK ANY OF THE FOLLOWING THAT APPLY (If any of the items are checked—Do Not Complete pages 2, 3, or 4.) | | |
| | <input type="checkbox"/> Is engaging in SGA | <input type="checkbox"/> Alleges progressive cancer | <input type="checkbox"/> Has lost a leg because of diabetes or Buerger's disease |
| | <input type="checkbox"/> Is hospitalized for a condition related to the alleged disability | <input type="checkbox"/> Is unable to speak, or to see, or to hear | <input type="checkbox"/> Has lost use of a leg because of a fractured vertebrae |
| | <input type="checkbox"/> Loss of use of at least two limbs | | EXHIBIT NO. <u>9(4)</u> |

II. PROGRESSION OF CONDITION

Have there been any changes in symptoms, physical limitations, or activities since work stopped? ☒ Yes ☐ No

68

Claimant feels condition is worsening - feels tightness in chest, head pains increasing.

If yes, describe all changes in condition (with dates) since work stopped.

III. EFFECTS OF CURRENT CONDITION

Pain in chest and extending around and down left side and back. Suffers dizzy spells every day, sometimes to the point that she falls. Always feels dizzy head light. Severe arthritis in both legs and hips - aches all the time. Sometimes has difficulty lifting arms, or walking. When bends over feels as though is falling over. Has to climb 1 flight of steps to apartment -

Describe current condition

- Symptoms - Type, frequency, severity
- Normal Activity limitations
- Other limitations

Physician placed limitations

- Bed rest
- Special therapy
- Diet
- Restricted activity
- Etc.

IV. DAILY ACTIVITIES

finds climbing difficult and extremely tiring. Lives alone - cooks for herself, but daughter comes over to help with the cleaning. Stays home most of the time - goes out for walks only if has someone to walk with. Goes to sleep early, but wakes up several times during the night.

Describe activities of a typical day

- Physical
- Mental
- Contact with others

Describe assistance required in caring for personal needs.

Describe current living arrangements.

CHECK ANY OF THE FOLLOWING THAT APPLY (If any of the items are checked, Complete Observations (Section VII) and Omit Sections V and VI Only)

- ☐ Is house confined because of a physical impairment
- ☐ 3 months after stroke claimant has weakness of 2 limbs, or severe speech or memory defect with marked loss of use of one limb
- ☐ Arthritis with gross deformity of 2 or more limbs

- ☐ Parkinson's disease with marked tremors or propulsive gait.
- ☐ Multiple sclerosis with staggering gait, marked tremors or visual difficulties
- ☐ Other severe, observable limitations (Describe under Observations (Section VII).)

If any apply, a description of the impairment and observations are needed to supplement the medical reports.

V. WORK EXPERIENCE

69

List all types of jobs held in 15 years before onset

• Job title
• Approximate dates worked

List all job titles and dates worked since claimant began working where claimant

• Is age 55 or older, and
• Has 6th grade education or less, and
• Performed only arduous unskilled labor

Domestic
all - 3/65

Did claimant's last job before onset involve an occupation different from the principal job?
(If "Yes," describe in Section VI of a separate SSA-401.)

☐ Yes

☒ No

VI. PRINCIPAL JOB (Vocational Description)

A. JOB IDENTIFICATION

| APPROXIMATE DATES WORKED | HRS./DAY | DAYS/WEEK | RATE OF PAY OR AVERAGE EARNINGS |
|--------------------------|----------|------------|---------------------------------|
| <i>1952-1965</i> | <i>8</i> | <i>2-3</i> | <i>\$ 8 PER day</i> |

B. PHYSICAL DEMANDS

Describe each "Yes" item in terms of:

• Weight
• Distance
• Time
• Frequency
• Etc.

1. Lifting ☐ YES ☒ NO How much in lbs.? _____ How often? _____ How High? _____

2. Carrying ☒ YES ☐ NO How much in lbs.? *540* How often? _____ How far? _____

3. Pushing/pulling ☐ YES ☒ NO How much in lbs.? _____ How often? _____ How far? _____

4. Standing ☒ YES ☐ NO How much time/day? *all day*

5. Walking ☒ YES ☐ NO How much time/day? *all day*

6. Sitting ☐ YES ☒ NO How much time/day? _____

7. Climbing ☒ YES ☐ NO How high? *1 flight* How often? *2-3 times/day*

8. Stooping, bending and/or kneeling ☒ YES ☐ NO How often and/or how long? *on + off all day*

9. Describe arm and hand manipulation in terms of (1) degree of coordination needed, (2) whether movements are gross or fine, (3) how often, and (4) how long.

General domestic duties - gross movements

10. Driving ☐ YES ☒ NO How often and/or how long? _____

(If Additional Space Is Needed, Use Form OAC-5002)

VI. PRINCIPAL JOB (Vocational Description) - continued

70

☐ Dust ☐ Noise ☐ Exposure to Elements ☐ Extremes in Temperature ☐ Work Pressure ☐ Dampness
☒ No adverse working conditions ☐ Other

C. WORKING CONDITIONS

Describe each item checked except "No adverse working conditions"

D. JOB DUTIES

Describe fully each of the duties performed by the claimant in a typical day, including the amount of supervision received.

General household duties, cleaning employer's home, scrubbing, dusting, washing windows, ironing. Not closely supervised - on her own.

1. Training - other than on-the-job received ☐ Yes ☒ No
 2. Special qualifications or skills required ☐ Yes ☒ No
 3. Supervision of others required ☐ Yes ☒ No

E. REQUIRED SKILLS

Describe all "Yes" answers fully.

VII. OBSERVATIONS

Sight ☐ Yes ☒ No
 Reading ☐ Yes ☒ No
 Responding ☐ Yes ☒ No

Hearing ☐ Yes ☒ No
 Use of hands and arms ☐ Yes ☒ No
 Writing ☐ Yes ☒ No
 Speaking ☐ Yes ☒ No
 Comprehending ☐ Yes ☒ No
 Breathing ☐ Yes ☒ No
 Sitting ☐ Yes ☒ No
 Walking ☐ Yes ☒ No
 Other ☐ Yes ☐ No

Check each item to the left to indicate whether or not any difficulty was observed.

Height - 5' 3" Weight - 180 lbs
 Claimant accompanied by social worker. Claimant had very poor memory - couldn't remember dates at all. Her operation could have been in 1964, 1965 or 1966 - she didn't know for sure. Two fingers missing from right hand. Walked slowly but with no obvious difficulty.

Describe fully
 • General appearance
 • Behavior
 • Outward attitude
 • Circumstances surrounding the interview
 • ALL ITEMS CHECKED "YES."

I believe I have been unable to work since my operation at Queens General Hospital in 1964 or 1965. I only went up to the 3rd grade in school and I can hardly read or write.

All my life I have only been able to do domestic work and I had to struggle to even do this because I have ~~had~~ only 2 fingers as my right hand for 26 years due to an accident.

I had worked steadily for over ten years up to the date of ~~my~~ my disability. For ten years I worked for Dr. Frank Lindsay, 1142 Bruce Ave, Portsmith Va, 1952 to 1961 and for 3 or 4 years 1962-65 I worked for Mrs Richard Kellum Middle Village N.Y. and others until I had my operation.

Mrs. Kellum can verify that I had every intention of returning to her employ but that after my operation I was just too disabled to continue work.

I had been getting weaker & weaker on the job but I didn't find out until my operation that I suffered from diabetes. I

"See over"

suffered then & I still suffer from dizzy spells from this.

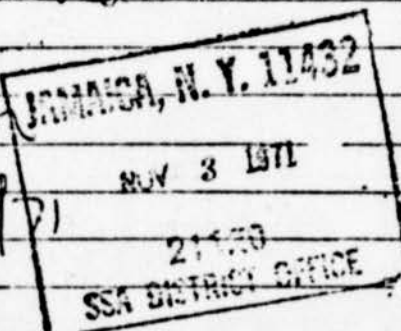
Also I started having arthritis pain in my legs over 10 years ago. Before I quit work the pain was already strong enough to keep me off my feet at least one day a week.

I can truly say that I was unable to continue work after my operation because of dizzy-spells, arthritis pain, diabetes and also post-operative recuperation. I was in bed over two months & then I had severe pain which disabled me by itself for at least 1 year. I still get pain like a string tied around my body, and all my ailments have now become ~~worse~~ worse with old age.

Also, I don't agree that my disability coverage ran out in 1967 because as I said above I worked steady for Dr. Lindsay, Mrs. ~~Kellum~~ Kellum & others from 1952 to 1965. Something must be missing from my record.

if gel cutler

11/3/71



DISABILITY DETERMINATION
AND TRANSMITTAL

| | | | | | | | | | |
|---|--|--------------------------------------|--|---|--|--|--|---|--|
| 3. W/E (If Auxiliary Filing) | | OASI W/E <input type="checkbox"/> | | DIB W/E <input type="checkbox"/> | | 1. FOLDER TO: BOI <input type="checkbox"/> SA <input type="checkbox"/> DPC <input type="checkbox"/> | | 2. DATE APP'D. 8/10/71 | |
| 5. NAME AND ADDRESS OF CLAIMANT Hazel Cutler 187 26 Foch Blvd. Jamaica, New York 11412 | | | | 6. DOB 9/21/15 | | 7. SEX M <input type="checkbox"/> F <input type="checkbox"/> | | 8. RACE W <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> | |
| | | | | 11. CLAIM FOR FREEZE <input type="checkbox"/> DIS <input type="checkbox"/> CHILD <input type="checkbox"/> DWS <input type="checkbox"/> | | 12. FAMILY STATUS MAR. <input type="checkbox"/> SG. <input type="checkbox"/> | | 13. QC REQ. LAST MET 4/30/71 <input type="checkbox"/> SI. | |
| 14. <input type="checkbox"/> W/E DOES NOT MEET QC REQ. A. <input type="checkbox"/> DIS. BOI REVIEW B. <input type="checkbox"/> SINCE LAST DET. | | | | 15. PREV. DENIED OR TERM. <input type="checkbox"/> | | 16. NON-DIS. DEV. IN PROGRESS <input type="checkbox"/> | | 17. MED. DEV. DEF. <input type="checkbox"/> | |
| 18. S A CODE 330 | | 19. STATE New York | | 20. DISTRICT OFFICE ADDRESS 165 15 88th Avenue Jamaica, New York 11432 | | | | DO CODE 120 | |
| 21. CLAIMS REPRESENTATIVE | | | | 23. REMARKS Received in S.A 3/13/72. | | | | | |
| 22. DATE OF TRANSMITTAL | | | | PRESCRIBED PERIOD | | | | | |

PURSUANT TO PROVISIONS OF SEC. 221 OF SOCIAL SECURITY ACT, IT IS DETERMINED THAT THE CLAIMANT:

| | | | | | | | |
|--|--|--|--|---|--|---|--|
| 24. <input type="checkbox"/> HAS BEEN UNDER A DISAB. SINCE | | 25. <input type="checkbox"/> WAS UNDER A DISAB. A. DATE FROM B. TO | | 26. <input type="checkbox"/> WAS NOT UNDER A DISAB. ON OR BEFORE (Date) 6/1/70 | | 29. DIAGNOSIS Hypertension Glaucoma | |
| 27. <input type="checkbox"/> WAS NOT UNDER A DISAB. | | 28. CASE OF BLINDNESS AS DEFINED IN SEC. 216(i) A. <input type="checkbox"/> NOT UNDER A DISAB. FOR CASH BENE. PURP. B. <input type="checkbox"/> UNDER A DISAB. FOR CASH BENE. PURP. SINCE | | | | 30. MOB CODE 5 | |
| 31. VOCATIONAL BACKGROUND (Occupation) Homemaker - <i>Handwriting</i> | | | | | | | OCC. YEARS unl. EDUC. YEARS 2 |
| 32. BASIS FOR DETERMINATION 1502a | | | | | | | |

☐ CONTINUED ON ATTACHED SHEET (Use OA-D834)

MAR 21 1972

| | | | | | | | | | |
|--|--|--|--|--|--|---|--|--|--|
| 33. RECOMMEND RE-EXAM ON (Date) | | 34. DISABILITY EXAMINER S A 10 months | | 35. DATE 3/16/72 | | 36. REVIEW PHYSICIAN SA K. Long | | 37. DATE 3/17/72 | |
| 38. <input type="checkbox"/> CHILD'S DISABILITY BEGAN BEFORE AGE 18 AND CONTINUES. <input type="checkbox"/> CHILD NOT UNDER A DISABILITY WHICH BEGAN BEFORE AGE 18. | | 39. <input checked="" type="checkbox"/> W/E MEETS QC REQ. IN 6/70 QTR. <input type="checkbox"/> W/E DOES NOT MEET QC REQ. HAS OF QTRS. FOR AGD ENDING | | 40. A PERIOD OF DISABILITY IS <input type="checkbox"/> ESTABLISHED FROM TO <input checked="" type="checkbox"/> NOT ESTABLISHED | | | | | |
| 41. REMARKS THIS REVISOR #31 OF 10/8/71 | | | | | | | | | |
| 42. RE-EXAM REQ. | | 43. DISABILITY EXAMINER | | 44. DATE | | 45. DISABILITY EXAMINER K. Chas. Murphy | | 46. DATE 3/25/72 | |
| CLAIMANT TO BE NOTIFIED BY: | | | | 49. PRIOR ACT. <input type="checkbox"/> PD <input type="checkbox"/> PT <input checked="" type="checkbox"/> REVISED | | 50. BASIS CODE H | | 51. A OR D CODE 0-1 | |
| 47. <input checked="" type="checkbox"/> BOI <input type="checkbox"/> PC | | 48. LTR/PAR. NO 21 | | 52. RETURN CODE B | | 53. CAT. <input type="checkbox"/> W <input type="checkbox"/> DIB <input type="checkbox"/> OSF <input type="checkbox"/> CH <input type="checkbox"/> PR | | 54. SPECIAL CODE <input type="checkbox"/> VA <input type="checkbox"/> VAD | |

FORM OA-D831 (11-69)

1-FOLDER COPY

EXHIBIT NO. 11(2)

CONTINUATION SHEET
FOR DISABILITY DETERMINATION

CB:efg RCH 1

74

NOTE.—Use this form only when necessary for continuation of item 32 of "DISABILITY DETERMINATION" or "CESSATION OR CONTINUANCE OF DISABILITY".

| | | |
|-----------------------------|---|------------------------|
| NAME OF DISABLED INDIVIDUAL | NAME OF WAGE EARNER (IF AUXILIARY FILING) | SOCIAL SECURITY NUMBER |
| Hazel Cutler | | 228-20-1854 |

The statement of evidence in the determination of 10/9/71, except as modified herein, is hereby incorporated by reference, but not the inferences, findings or conclusion thereon.

Queens Hospital Center, 1965.

Disability is alleged due to diabetes mellitus. The earnings requirement is last met 6/30/70. It is noted that claimant was seen in 1965. At this time she underwent a total hysterectomy. In 1970 she was seen complaining of dizziness and was found to have diabetes mellitus. Diagnosis established was peripheral neuropathy possibly due to diabetes mellitus. Claimant complained of dizziness but an EEG was normal. X-ray of the cervical spine showed only minimal narrowing of C2 and C3 joint space. Blood pressure was normal. Visual fields and viewing was grossly within normal limits and examination of the fundi showed only Grade I arteriosclerosis. Ankle jerks were absent but there was no Babinski and deep tendon reflexes, although present, were decreased. There was impaired vibratory sensation over both ankles. There is only minimal weakness of the hips flexion bilaterally. There is no nystagmus. There was no dysmetria. It is felt that the medical evidence does not show a condition of severity to prevent the claimant from working on or before 6/30/70 when the earnings requirement was last met. Accordingly, claim is denied.

This revises the previous determination of 10/9/71.

(INITIAL AND DATE)

| | | | | | | | |
|------------------------|---------|---------------------|--------|-------------------------|------|-------------------------|--------|
| DISABILITY EXAMINER SA | DATE | REVIEW PHYSICIAN SA | DATE | DISABILITY EXAMINER BOI | DATE | DISABILITY EXAMINER BOI | DATE |
| <i>C. Dineen</i> | 3/16/72 | <i>RC</i> | 3/7/72 | | | <i>RC</i> | 3/5/72 |

02-36-41 75

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS

Chart No.

HOSPITAL

ADMISSION RECORD

7 SEP 13 NY 10:00

| | | | | | | | |
|-------------------|-----------------------|--------|--|-------|-----------------|-------------------|----------------|
| Surname | First | Middle | Sex | Age | Date of Birth | Date Admitted | Ward or Clinic |
| Miller | Harold | | M | 47 | 7-15-15 | 5-10-65 | 6-21 |
| Permanent Address | 114-15 192 St. A.P.S. | | Nativity | Color | Other (Specify) | Marital Status | |
| Occupation | | | W. <input type="checkbox"/> N. <input checked="" type="checkbox"/> | | | S. M. W. D. L. S. | |
| | | | Dates of Previous In-Patient Admissions | | | | |

FOR IN-PATIENT SERVICE ONLY

On discharge record the following data; Use Terms and Codes of Standard Nomenclature

Date discharged _____ Condition: Improved ☐ Unimproved ☐ Not Treated ☐ A.O.R. ☐ Died ☐

Final diagnosis: Main Condition _____ Code No. _____

Additional Conditions _____ Code No. _____

_____ Code No. _____

Service _____ Visiting Dr. _____ House Dr. _____

In the following report include: FAMILY HISTORY; hereditary conditions and causes of family deaths.

PREVIOUS HISTORY: habits, occupation, childhood diseases, other diseases, operations and injuries.

PRESENT CONDITION: Date and mode of onset, possible cause, course, and review of systems.

For trauma, include cause and time of injury.

Gynecology MAY 10 1965

Apr 29/65 Para 5005

42 wks. 7 mos. in life.

2) Andromeda Mt. 3/1/1965: 8 weeks.

3) Abortion 10/1/64 discharge.

Pelvic: No abs. No tumor.

6/6/64 Surgical Phys. - bleed to death;

stomach tube 10-12 weeks; ad: death.

Express: 1) Surgical Phys.

2) "Fibroids" "Pregnancy"

4) Pap. tumor.

5) M. 6/6

Return to 1 week.

SB

BEST COPY OBTAINABLE

Date _____

Signature _____

EXHIBIT NO. 12 (29)

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALSGynecology
Dep.

Chart No.

76

HOSPITAL

CONTINUATION RECORD

71 NOV 23 NY 1:25

| SURNAME | FIRST | MIDDLE | SEX | AGE | DATE ADMITTED | WARD OR CLINIC |
|--|-------|--------|-----|-----|---------------|----------------|
| Cutler | Hazel | | F | 49 | 5-19-65 | 5140 |
| <p>This 49 y.o. clt admitted for c/o bleed/vagina - 2. Pain in lt lower abdomen It was better approx 3 weeks before - then she had c/o pain in lt. lower abdomen. It was mild - to begin with - but in l.c. more and more severe. She had also vaginal spotting of blood - 3 days so far admitted.</p> <p>Past history -> Nothing particular ① No hospitalization except for [amputation of fingers] 21 years following injury ② no allergy ③ no HT - DM - HbA1c ④ NO Uremia</p> <p>Family history -> Non-Consistent.</p> <p>on exam -> - Gt V P. U - LMP March 1 '65 - MLE 2-4/28 1-28. LP - (1) Polyp in uter (2) Fibroid Below</p> | | | | | | |
| BEST COPY OBTAINABLE | | | | | | |
| EXHIBIT NO. 12 (2729) | | | | | | |

BEST COPY OBTAINABLE

THE CITY OF NEW YORK—DEPARTMENT OF HOSPITALS

HOSPITAL

NOV 23 NY 1:25

77

023641
Chart No.

PROGRESS RECORD

Name Catler, HaroldAdmitted 5-19-65

19

Ward 5N0

Observations and Opinions of Visiting, Consultants and House Staff.

A. Final Discharge Note Must Be Entered on This Sheet. Sign and Date Every Entry.

5-19-65 admission note

24 years old C/M P5005 L.M.P. March 1, 1965 -
 had spotting and slight bleeding May 14 and also
 spotting and bleeding between her periods before off on
 for the past 6 months (pt had her last child 16 years ago)

P.H.: not contributory except at hands (ovarian mass & sigmoid flexion)
 F.H.: not remarkable (was cut by machine 6 years ago)

P.A.: ECG & X-ray - deep chest normal

Chest exam - no rales - Heart R.S.B.: no

abdomen soft no palpable mass -

on pelvic - vaginix has brownish discharge

ovary, there but has small polyp in the uterus

is firm anterior not tender

uterus 12-14 weeks size - irregular

uterine mass in left adnexal region which is
 difficult to separate it from uterus

Rt adnexa free -

external: has slight varicosities

speculum: insert 13 X 22 X 4-5 days irregular

Group

Endometrial polyp

fibroid uterus

L/O left adnexal mass

EXHIBIT NO.

12 (443729)

Continue Notes on Other Side

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71 NOV 23 NY 1:26

THE CITY OF NEW YORK—DEPARTMENT OF HOSPITALS

78

HOSPITAL

DIVISION OF ROENTGENOLOGY

REPORT OF RADIOGRAPHIC EXAMINATION

Name CUTLER, HAZEL AGE 49 Ward 5N Date 5/19/65Examination of CHEST, ABDOMEN Film Nos. 02-36-41

Clinical Diagnosis _____

Findings:—

Examination of the chest shows the lungs to be well aerated. No pulmonary infiltration or consolidation is present. The costophrenic sinuses are clear. Heart and mediastinum are within normal limits.

IMPRESSION: NEGATIVE CHEST.

Examination of the abdomen shows a soft tissue mass rising from the pelvis up to the S2 or 3. No definite calcification is seen within this mass. The kidney shadows are obscured by the intestinal content. Some gas and fecal matter is seen in the large bowel of no specific pattern.

IMPRESSION: PELVIC MASS MOST LIKELY GENITAL IN ORIGIN.

EXHIBIT NO. 12 (pg 4 of 29)

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79

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS

QUEENS GENERAL

HOSPITAL

Chart # 02-36-11

REPORT OF ELECTROCARDIOGRAM

ECG #

| Surname | First | Middle | Sex | Age | Date Admitted to Ward or Clinic |
|---------|-------|--------|-----|-----|---------------------------------|
| Cutler | Hazel | | | 49 | 5 North |

Clinical Diagnosis

71 NOV 23 NY 1:26

Drugs:

Digitalis Yes ☐ No ☐; Quinidine Yes ☐ No ☐; Other (Specify)

Rate:

Atrial 70 per min.; Ventricular 70 per min.; P-R interval .16 sec.; Q-R-S .06 sec.

Axis Deviation

Position of Patient

In Bed

Date: 5/20/65

Taken by: L. Callahan

xmx

Electrocardiographic interpretation

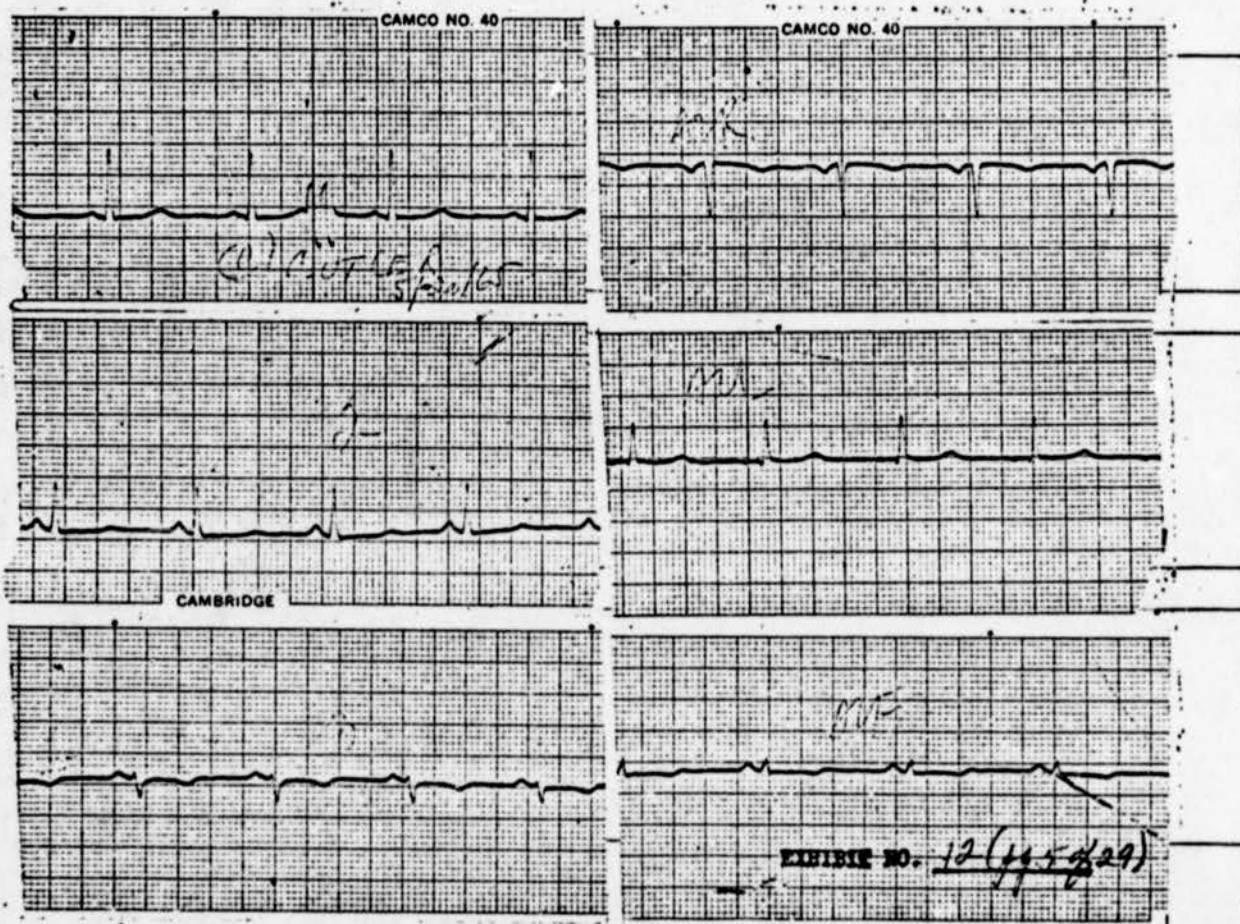
Regular sinus rhythm. Left axis shift.

Tracing is within normal limits.

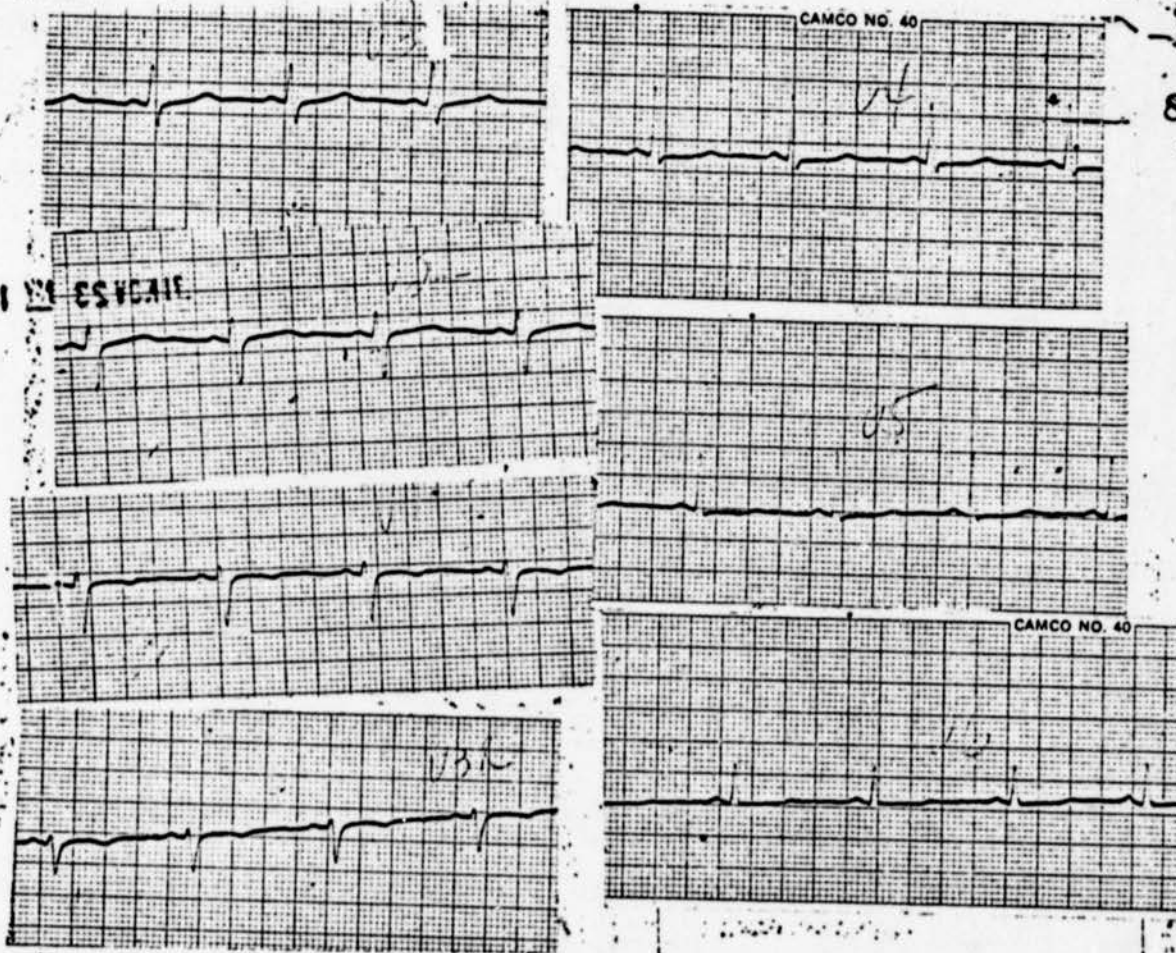
Date

Read by G. Kreitman

M.D.



05:11 PM ESVAIF



80

REF ID: UNIT
RECD BY: DATE
SEARCHER:
DEC 3 1 26 PM '71
DISPOSITION:
DATE:
REMARKS:
ENT

V₄

V₅

V₆

V₇

PRECARDIAL LEADS

PRECARDIAL LEADS

EXHIBIT NO. 12 (246-128)
+ 12-1

DEPARTMENT OF PATHOLOGY*

QUEENS HOSPITAL CENTER
NEW YORK, N.Y.

*CYTOLOGY LABORATORY

71 NOV 23 NY T-28

81

Outside Cytology Number

C-5-65-4111

Hospital Lab. Acc. No.

Name CUTLER, Hazel

Ward 5N

Chart No. 02-36-411

Date of

Source of smear Vag. Cerv. Collection 5-19-65

Doctor

Probably radiation effect

High estrogenic level for age and
menstrual status

Mature squamous cells

Parabasal cells

Endometrial cells

Leukocytes

Vacuolization

Free nuclei

Bacteria

Red blood cells

Mucus

Histiocytes

-DIAGNOSIS-

I. Negative for malignant cells

a) Trichomonas vaginalis

b) Atrophic smears

II. Negative for malignant cells

Inflammatory atypia, with

a) trichomonas vaginalis infection

b) atypia of squamous cells

c) atypia of endocervical cells

Repeat smears after treatment

Karyomegaly

Coarse chromatin

Disturbed N/C ratio

Prominent nucleoli

Prominent nuclear membrane

Cannibalism

III. Atypical cells of

a) squamous origin

b) glandular origin

1. Repeat smears

2. Submit a) biopsy of cervix

b) endometrial curettings

Giant cells

Atypical nuclei

IV. Suspicious cells for

a) in situ carcinoma

b) squamous cell carcinoma

c) adenocarcinoma

1. Repeat smears

2. Submit a) biopsy of cervix

b) endometrial curettings

(type of tumor)

V. Positive for malignant cells

Confirm by biopsy

Date 5-20-65

Lucy Feiner M.D.

EXHIBIT NO. 101-79-29

NOV 23 NY 1:26
82

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS

QG HOSPITAL

PATHOLOGICAL REPORT

5-65-325

Laboratory Accession No.

Patient Outler, Hazel Ward 5N Chart No. 02-36-41 Date Oper. 5/25/65

DESCRIPTION: Specimen received in 2 parts.

Specimen No. I. received as "endometrium" consists of numerous irregular fragments of grayish pink tissues aggregating approximately 4 to 5 cms. (The entire specimen is submitted.)

Specimen No. II received as "endocervical curettings" consists of several irregular fragments of grayish to pink-red tissues aggregating approximately 1 cm. (the entire specimen submitted)

LAL:rw

SPECIMEN: No. I and II.

DIAGNOSIS: Polypoidal follicular phase endometrial hyperplasia. LP:rw

EXHIBIT NO. 12 (448429)

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83

71 NOV 23 NY T 26

5/4 C-2

S.R. 5008 (R-40)-150M-701240(63) 114

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS

QUEENS HOSPITAL CENTER

Hospital

OPERATION RECORD

Pre-operative diagnosis Multiple Myoma of the Chart No. 02-36-41
uterus with Submucous Myomata Name Cutler, Hazel
Age 49 Sex F Ward 5H
Operation(s) Total Abdominal Hysterectomy Date of Operation(s) 5/27/65
With Bilateral Salpingo-oophorectomy Sur
Operative diagnosis Multiple fibroid uterus with Inst
Submucous Myoma, Adenomatosis Uteri Suti

EXHIBIT NO. 121499401

THE CITY OF NEW YORK—DEPARTMENT OF HOSPITALS

HOSPITAL

023641

Chart No.

PROGRESS RECORD

Name Arthur Hozel Admitted 5-19-65 19 5N WardObservations and Opinions of Visiting, Consultants and House Staff.
A Final Discharge Note Must Be Entered on This Sheet. Sign and Date Every Entry.

5-21-65 P.O.#2

Temp 99.2, feeling good, no abdominal pain
no diarrhea. James J. B. Jones

5/31 T 99 P.O.#4

Abdomen slightly tender. BMO.
Flatulent. DOB KB 10.3 5/29
JLB

6/1/65 T 98.6 - P.O.#5

Dressing changed. Wound healing
is good. PT is OOB. passing
flatus & having A.M. active
brisk sounds. PT has a good
appetite.
Jefferson

6/3/65 T flat. P.O.#6

OOB. Doing well.

6/3/65 Temp flat P.O.#7
PT. doing well. Ward
Healed

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Continue Notes on Other Side

EXHIBIT NO. 21411721

The City of New York
Department of Hospitals

UG Hospital

86

- PATHOLOGICAL REPORT -

NOV 23 NY T 25
5-65-362
LAB. ACCESSION NO.

Patient Hazel Cutler Ward 5N Chart # 02-36-41 Date

DESCRIPTION: Specimen is received in two parts.

Specimen No. I is received as a "cervix" and consists of a cervix which measures 5.0 cm. in length by 3.0 cm. in diameter. The cervical os shows extensive erosion. The endocervical canal is patent. On opening, a polypoid hemorrhagic structure, measuring approximately 1.5 cm. in length by 1.0 in diameter, is revealed. The rest of the cervical mucosa appears somewhat hemorrhagic. (Representative sections are taken.)

Specimen No. II is received as "uterus-tubes-ovaries" and consists of a supra-cervically resected uterus with both ovaries and Fallopian tubes attached to it. The specimen weighs 880 gms. and measures 12 x 12 x 10 cms. in size. The corpus uteri is markedly enlarged and distorted due to the presence of several protruding, subserous, smooth masses. Cut sections reveal the presence of ~~serous~~, subserous, intramural and submucosal masses having the gross appearance of ~~leiomyomata~~ ^{leiomyomata} and measuring up to 4.0 cms. in diameter. Some of them have zones of hemorrhage suggesting infarction. The endometrial cavity is distorted ^{but} ~~and~~ patent, and is lined by hemorrhagic remnants of endometrium, which, in some ~~cases~~ ^{areas}, appears quite granular ~~low~~.

The right ovary measures 4.0 x 2.0 x 1.0 cm. in size. Cut

(Continued on Next Page)

Date:

Signature of Pathologist:

EXHIBIT NO. 24-12-29

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS

06

HOSPITAL

87

PATHOLOGICAL REPORT

-2-

5-65-362

Laboratory Accession No.

Patient Hazel Cutler Ward 5N Chart No. 02-36-41 Date Oper

71 NOV 23 NY 1:25

DESCRIPTION (CONT'D.):

sections present no unusual features. The corresponding tube is somewhat dilated in its most peripheral portions.

The left ovary measures 4.0 x 3.0 x 1.0 cm. in size, and is partially replaced by a thin walled cyst, having a smooth surface, and containing clear yellow fluid, and occupying approximately half of the ovary. The remainder of the ovarian tissue has a diffuse yellowish discoloration. Several parovarian cysts are noted.

The corresponding Fallopian tube in the junction between the middle and distal third is partially closed, with soft, reddish material. (Representative sections taken.)

LM:vk

HISTORICALSPECIMEN I: Received as "cervix"

DIAGNOSIS: Cervical erosion with acute cervicitis.
Endocervical polyp showing early infarction.

SPECIMEN II: "Cervix, tubes, ovaries, uterus"

DIAGNOSIS: Leiomyomata of uterus, subserosal, intramural and submucosal. Remnants of proliferative endometrium with zones of hemorrhage (probably secondary to recent curettage)

Parovarian cysts

Simple cyst of left ovary and follicular cysts and microscopic germinal inclusion cysts of both ovaries.

6/3/65 Fallopian tubes (2)

Date

EXHIBIT NO.

12 (13729)

THE CITY OF NEW YORK—DEPARTMENT OF HOSPITALS

HOSPITAL

123641
Chart No.

PROGRESS RECORD

17 NOV 23 NY 125

Name

Cuthler Hazel

Admitted

5-15-65

19

Ward 5N/10

Observations and Opinions of Visiting, Consultants and House Staff.
A Final Discharge Note Must Be Entered on This Sheet. Sign and Date Every Entry.

5/4/65. T-Flat. P.O. #8
Serrus discharge from the
middle of the wound. DC & S to be
obtained.

[Signature]

6/7. T-Flat. P.O. #11
Pt. well. Wound healed.
Discharged to OPW.
RTC Center

[Signature]

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Continue Notes on Other Side

EXHIBIT NO. 21494429

Chart No.

Continuation Record
HOSPITAL

Chart No. 30-30-41
90

| SURNAME | FIRST | MIDDLE | SEX | AGE | DATE ADMITTED | WARD OR CLINIC |
|--|-------|--------|-----|-----|---------------|----------------|
| Cutler | Hazel | | | | | |
| 7 SEP 13 12:10 PM | | | | | | |
| <p>int. 169 2+ 0 0 0 0</p> <p>RT on 2 oral frags DBI? + Talcum?</p> <p>very unstable was Mucous g. & 2.6.</p> <p>VTC 2 weeks.</p> | | | | | | |
| <p>AUG 12 1941</p> <p>F. H. S. in July 1941. 3/5 kg</p> <p>" " July 19 - 2.5 kg</p> <p>" " July 24 - 2.5 kg</p> <p>W. has been a Diabetic; Arteriosclerosis</p> <p>5 C. K. Hart on 2.5 mg T. B. I. D.</p> <p>Refrain in 1 m. with F. H. S. 1.5 mg</p> <p>W. H. has reaction to Muc. (Hem. test) 11/1</p> | | | | | | |
| <p>Had T.H. & P.H. 5.0 3</p> <p>months ago (Klebsiella citri). Still ha.</p> <p>from H. G. treatment. Mid. Sept. Mucous</p> <p>Klebsiella will be good. Capital result</p> <p>will suggest the urinary or no renal</p> <p>complication. No pelvic infection.</p> <p>RT 6 months.</p> | | | | | | |
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EXHIBIT NO. 12 (446929)

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS

HOSPITAL

91

HOSPITAL
CONTINUATION RECORD

21 SEP 13 NY 10 00

| SURNAME | FIRST | MIDDLE | SEX | AGE | DATE ADMITTED | WARD OR CLINIC |
|---|-------|--------|-----|-----|---------------|----------------|
| <p><i>Griffin, John 23 1935</i></p> <p><i>855 13-14 St. New York City</i></p> <p><i>Griffin 250 mg. fluid</i></p> <p><i>112 in circulation</i></p> | | | | | | |
| <p>Cyn. Post-op, OCT 20 1965</p> <p><i>Abd. incision. Nl. heart heard. No pelvic tenderness.</i></p> <p><i>cc: upper abd. pain. Refer Med. Cl.</i></p> <p><i>Pic 6 mm</i></p> <p><i>Dr</i></p> | | | | | | |
| <p>COMPLAINTS</p> <p><i>Complaint of abdominal pain since birth</i></p> <p><i>- B.O. with radiations posteriorly -</i></p> <p><i>no constipation, diarrhea, vomiting, bloating,</i></p> <p><i>etc etc. History of distended abdomen.</i></p> | | | | | | |
| <p><i>BP. 110/75 L. 88</i></p> | | | | | | |
| <p><i>Cough - clear</i></p> <p><i>Heart - normal</i></p> <p><i>Abdomen - soft, pain on touch, B.S. normal</i></p> <p><i>Ext - finger cyanosis at base</i></p> <p><i>H. C. B. B.</i></p> | | | | | | |

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EXHIBIT NO. 12 (pg 17-21)

QUEENS GENERAL HOSPITAL

ELECTROCARDIOGRAPHIC REPORT

CUTLER, HAZEL 02-56-41

10/29/65

O.P.D.

AGE 50

Aur. Rate: 70

Vent. Rate: 70

QRS . 08

PR . 16

Read by: Dr. SCHWARTZ

Regular sinus rhythm. Normal axis. Intermediate position. Impression: Non-specific T wave abnormalities.

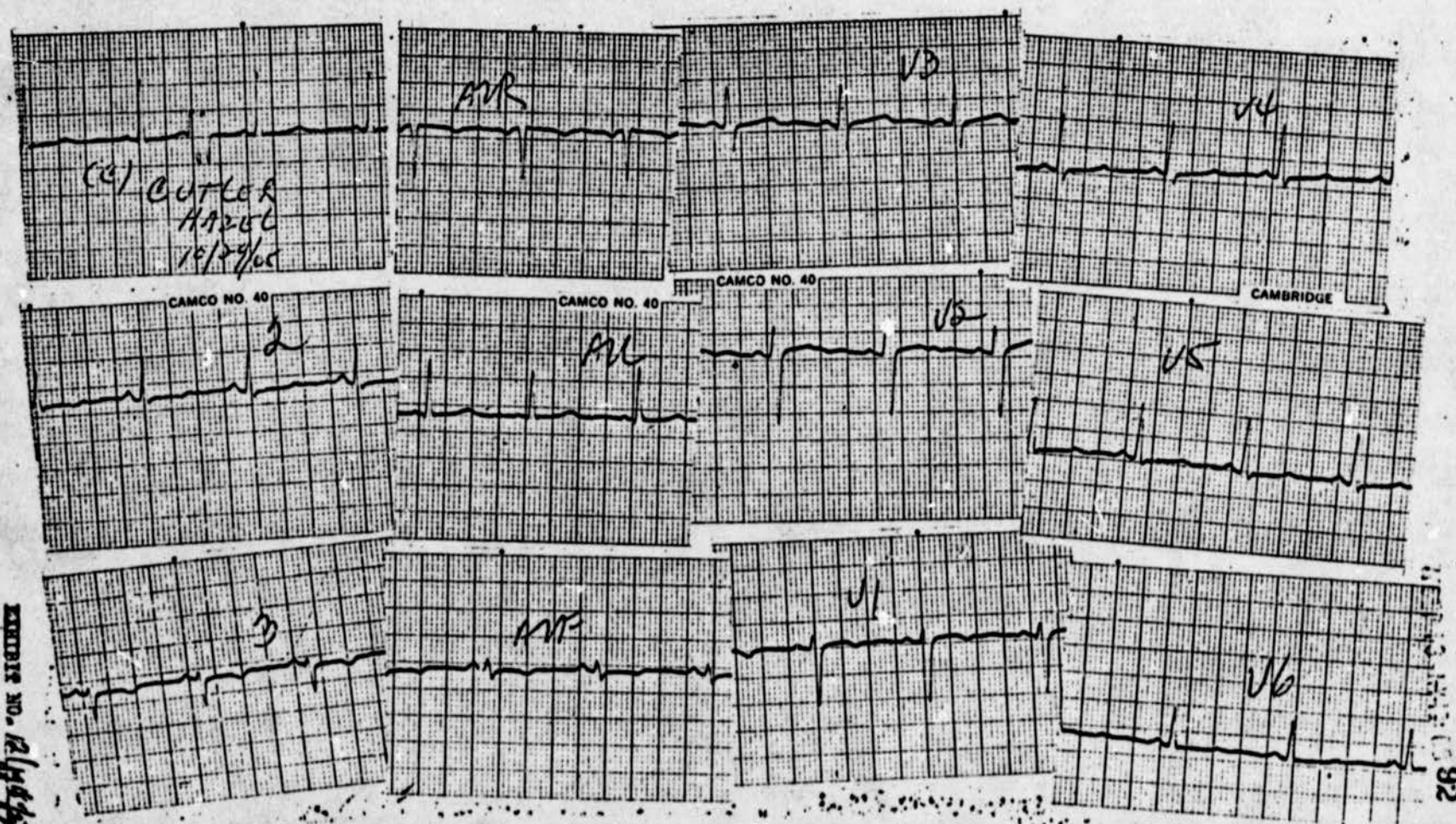


EXHIBIT NO. 124445

RECEIVED 13 NOV 65

95

THE CITY OF NEW YORK—DEPARTMENT OF HOSPITALS

HOSPITAL

DIVISION OF ROENTGENOLOGY

REPORT OF RADIOGRAPHIC EXAMINATION

Name CUTLER, HAZEL AGE 50 Ward OND Date 12/13/65Examination of LUMBOSACRAL SPINE Film Nos. 02-36-41

Clinical Diagnosis _____

Findings:—

Examination of the lumbosacral spine including oblique studies shows that the normal curvatures have been maintained. No fracture, subluxation or other abnormality is seen.

IMPRESSION: NEGATIVE STUDY.

EXHIBIT NO. 101-421421

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS

NOV 13 1963

Chart No. 96

HOSPITAL
CONTINUATION RECORD

02-36-41

| SURNAME | FIRST | MIDDLE | SEX | AGE | DATE ADMITTED | WARD OR CLINIC |
|---------|-------|--------|-----|-----|---------------|----------------|
|---------|-------|--------|-----|-----|---------------|----------------|

Walter Hazel

Low back pain - few months

no injury

Has dysuria frequently

since some times radiate to legs

muscles

numbness of feet off and on

Paroxysmal flitting spine pain

Lasegue sign neg

No motor or sensory loss

No localized tenderness of spine

X-ray L5-S1 spine

Normal

Rec. X-ray

head

27-10-63 27-10-63

X-ray L5-S1 spine neg

it has no orthopedic problem

of frequency and burning micturition

Refer to GU clinic for evaluation

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Recd

EXHIBIT 202-10/27/29

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS

Chart No. 97

HOSPITAL
CONTINUATION RECORD

02-3641

| SURNAME | FIRST | MIDDLE | SEX | AGE | DATE ADMITTED | WARD OR CLINIC |
|---|-------|--------|-----|-----|---------------|----------------|
| Cutler | Hazel | | | | | |
| <p> A history of having "itching" - then taking Olanol. (allergy?) - Last blood test for sugar - in September 1965. - <u>Crackles on Diaphragm</u> 1 - B.I.D. Ketone in 1m. with F.B.S. 160 mg/dl MAR 27 1966 </p> | | | | | | |
| <p> Bup 10 Pen 100 (Cov) 1000 cgm 115 MAR 23 1966 1000 10 reviewed 8 Dr. Seery - normal cgm tract pla - X2 urine for ABG culture - Gastric 2 to 2 x 2 in - Cytology April 5, 1966 </p> | | | | | | |
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EXHIBIT NO. 12 (02-3641)

THE CITY OF NEW YORK—DEPARTMENT OF HOSPITALS

99

HOSPITAL

DIVISION OF ROENTGENOLOGY

REPORT OF RADIOGRAPHIC EXAMINATION

Name CUTLER, HAZELV AGE 50 Ward OPD Date 3/11/66

Examination of IVP Film Nos 02-36-41

Clinical Diagnosis _____

Findings:—

The kidneys appear normal in size, shape, position and density. Both psoas shadows are well delineated. No opaque calculi are demonstrable.

Excretion studies are within normal time limits, the dye appearing in each renal area within five minutes after injection. There is no evidence of deformity, dilatation, filling defects, or irregularity of contour of the calyces, pelves visible portions of the ureters, or of the urinary bladder.

IMPRESSION: NORMAL MORPHOLOGY AND FUNCTION OF THE URINARY TRACTS.
NO EVIDENCE OF URINARY CALCULI.

EXHIBIT NO. 21435729

100

Chart No. 02-36-4

SEP 13 1964

.....HOSPITAL
CONTINUATION RECORD

[illegible]

QUEENS HOSPITAL CENTER

Name Cutler, Hazel Unit No. 62-36-41 Date 4/5/66

CYSTOSCOPY REPORT

Instrument - - - : F-21 BB & Box

Bladder - - - : Culture: Yes / No Capacity: normal

Urine: clean

Mucosa: no gross pathology, changes seen at Trigone & ureteral orifices

Ureteral Orifices: except for reddening around it, normal in size, shape & position

Trigone: distal half covered by guerdman - none

Dye-Function: - - - Right: not done
Left:

Post Urethra - - - : General

Bladder Neck - - : fully irregular

Prostatic Lobes - - :

Veru:

Ant. Urethra - - - :

Conclusion: - - - :

Suggestions - - - :

Retrograde Catheterization - - - : Yes / No

Signature:

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EXHIBIT NO. 121 pgs 7 of 29

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS

Chart No. _____

HOSPITAL
CONTINUATION RECORD

02-36-41

| SURNAME | FIRST | MIDDLE | SEX | AGE | DATE ADMITTED | WARD OR CLINIC |
|--|-------|--------|-----|-----|---------------|----------------|
| Butler | Hazel | | | | APR 29 1966 | UROLOGY |
| <p>7 urine for AFB collected still has dysuria</p> | | | | | | |
| <p>UROLOGY MAY 20 1966 3 weeks</p> | | | | | | |
| <p>no dysuria urine for AFB sent</p> | | | | | | |
| <p>7 urine for AFB</p> | | | | | | |
| <p>1 with</p> | | | | | | |
| <p>DIABETIC JUL 7 1965</p> | | | | | | |
| <p>At gain 10-0-0-0 2 Glucose 10.0 Ket in first urine</p> | | | | | | |
| <p>Feels fine, urinalysis neg. weight up S. 10.0. Takes D.B. 10.0. daily at 23.0. 10.0. Return in 10.0. F. B. 5.</p> | | | | | | |
| <p>Louis F. Long</p> | | | | | | |
| <p>BEST COPY OBTAINABLE</p> | | | | | | |
| <p>RECEIVED 10-10-66 (21)</p> | | | | | | |

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS

Chart No.

103

HOSPITAL

CONTINUATION RECORD

71 SEP 13 NY 103-01

| SURNAME | FIRST | MIDDLE | SEX | AGE | DATE ADMITTED | WARD OR CLINIC |
|--|-------|--------|-----|-----|---------------|----------------|
| SEP 29 1966 | | | | | | |
| DIABETIC SEP 29 1966 | | | | | | |
| Come at gain. Phasing 6-6-6-6 FBS 126 mg | | | | | | |
| R. G. G. 250 mg bid | | | | | | |
| Ret in 2 mos | | | | | | |
| NOV 17 1966 | | | | | | |
| FBS gain. Phasing 6-6-6-6. Summary of | | | | | | |
| R. G. G. 250 mg bid | | | | | | |
| FBS 300 ✓ | | | | | | |
| Ret in 2 mos ✓ | | | | | | |
| JAN 19 1966 DIABETIC | | | | | | |
| R. G. G. 250 mg bid & 1200 cal diet. Has continued | | | | | | |
| to gain at 2 mos. Has now 34 lbs. 12. 12. 12. | | | | | | |
| FBS 176 mg | | | | | | |
| R. G. G. 250 mg bid | | | | | | |
| Ret in 2 mos | | | | | | |
| W. H. H. H. H. | | | | | | |

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EXHIBIT NO. 12(p4 29 & 29)

THE CITY OF NEW YORK—DEPARTMENT OF HOSPITALS

HOSPITAL

SEP 13 1967

DIVISION OF ROENTGENOLOGY

REPORT OF RADIOGRAPHIC EXAMINATION

Name CUTLER, MAZEL AGE 51 Ward OPD Date 6/23/67

Examination of CHEST & LEFT HAND Film Nos. 02 36 41

Clinical Diagnosis _____

Findings:—

CHEST: PA and lateral projections show slight increase in the pulmonary markings bilaterally. The hemidiaphragms, costophrenic sulci and trachea are normal. The heart is slightly enlarged in its transverse diameter. No evidence of lesions of the bony components of the thorax can be seen.

IMPRESSION: SLIGHT INCREASE IN PULMONARY MARKINGS.

MINIMAL ENLARGEMENT OF THE HEART.

LEFT HAND: NO evidence of bony lesions can be seen. There is no fracture, dislocation or other bony pathology.

IMPRESSION: NO PATHOLOGY OF THE LEFT HAND.

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EXHIBIT NO. 13/14-247

THE QUEENS HOSPITAL CENTER

ELECTROCARDIOGRAPHIC REPORT

CUTLER, HAZEL

02-36-41

CLIN. DIAGNOSIS

| | | | | | | | |
|-----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------|
| | YES | NO | Age | thin | average | obese | B.P. |
| DIGITALIS | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| QUINIDINE | <input type="checkbox"/> | <input type="checkbox"/> | Requested by: _____ M.D. | | | | |

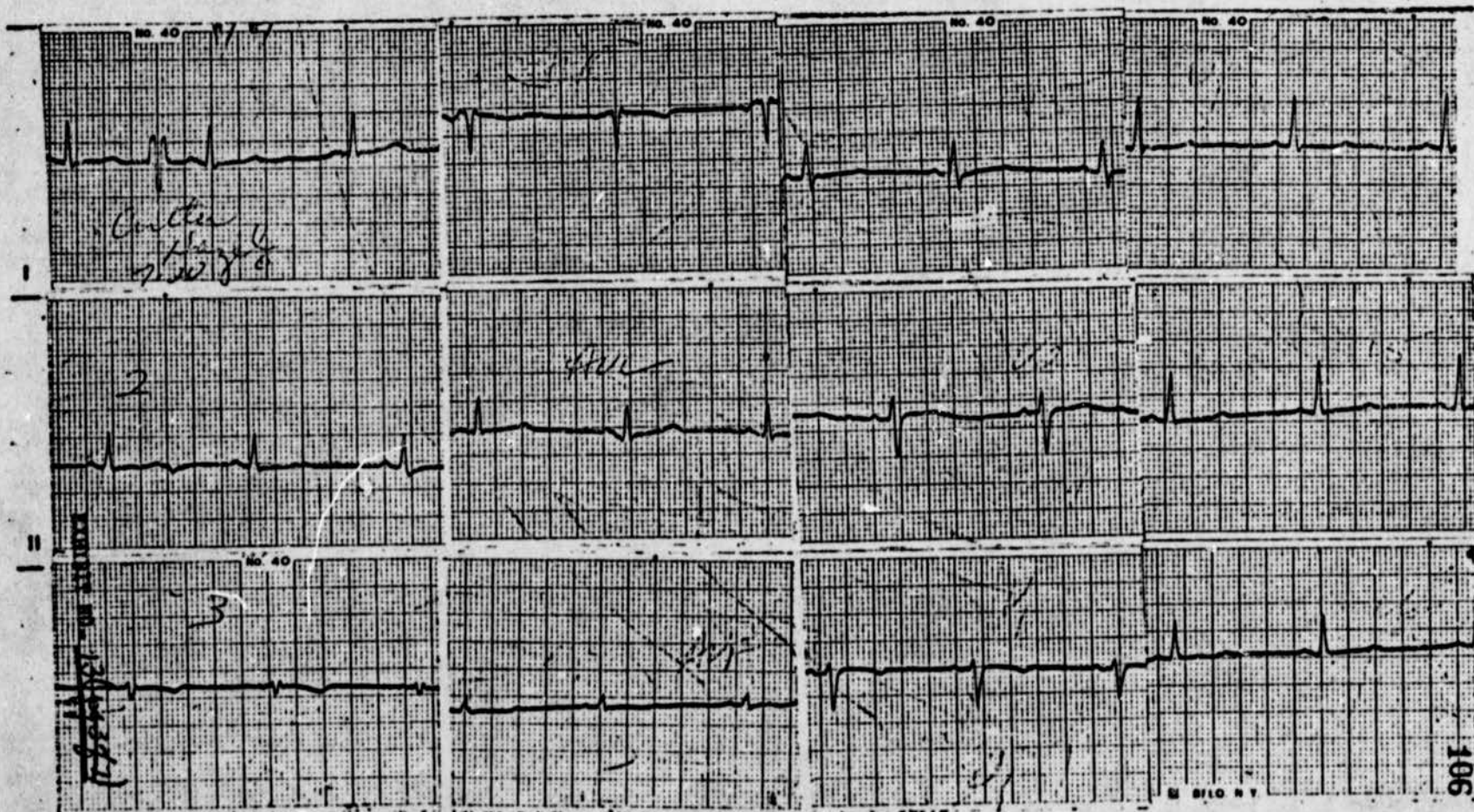
age: 50

O.P.D.

TAKEN: 7/20/67

Atrial Rate 55 Ventric. Rate 55 P-R: .16 QRS: .08 Read by: G. KREITMAN M.D. INDEX EKG NO.

Sinus bradycardia. Left axis shift. QT interval prolonged. No other significant abnormalities noted.



107

71 SEP 13 NY 10:00

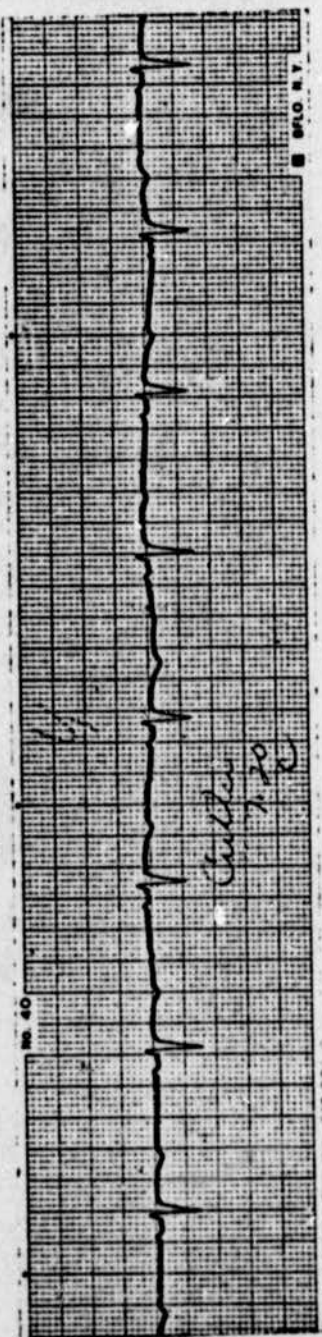


EXHIBIT NO.

364472

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108

(O.P.D. CL.)

QUEENS GENERAL HOSPITAL

RECEIVED NOV 13 1960

DIABETIC SUMMARY SHEET

RECEIVED

NAME Cutler, Hysse AGE: _____ DATE _____

CLINICAL:

Years of Diabetes: Diabetic disease

Years of Insulin: 1 1/2 years

Dietary Regime: _____

Diabetic Coma? _____

Insulin Reactions: _____

PAST HISTORY:

LABORATORY DATA

Hypertension 2

X-Rays (chest, etc.) _____

Albuminuria _____

Familial diabetes, the. _____

Renal infections _____

Average weight before diabetes _____

Average weight since onset of diabetes _____

Complications of pregnancy _____

Menstrual abnormalities _____

SYMPTOMS:

BLOOD SUGAR: _____

Pruritis 1/2

Weight changes 1/2

Polydipsia 1/2

Polyuria 1/2

Blood Counts: _____

Peripheral neuritis 1/2

Diarrhea, constipation 1/2

Visual disturbances 1/2

Other chemistry (cholesterol, etc.) _____

Prior Hospitalization: 1/2 - B-IV

Urine findings (other than sugar): _____

EXHIBIT NO. B-1547

PATHOLOGICAL REPORT

7-69-1

Laboratory Accession No.

Minor Surg.

Patient CUTLER, Hazel Ward _____ Chart No. 02-36-41 Date Oper. 6/30/69

GROSS DESCRIPTION: Specimen is received in formalin labelled as "lipoma from left hand", third finger" and consists of an irregular piece of yellowish, soft tissue, measuring 1.5 x 0.8 x 0.3 cm. On sectioning there is no area of hemorrhage and looks like fatty tissue. (Entire specimen sent through).

Dr. P. Jeanty, Dr. D. Burdman/emcc

LIPOMA OF LEFT 3rd FINGER

DIAGNOSIS: Benign lipoma. AP/LP/lra

C. Francis

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7/3/69
Date

Dr. L. Davis
Signature of Pathologist

EXHIBIT NO. 13 (467)

HOSPITAL

110

71 SEP 13 1967

CONTINUATION RECORD

SURNAME FIRST MIDDLE SEX AGE DATE ADMITTED WARD OR CLINIC

JUN 30 1969

Lynne G. Lewis
per J. C. W. / L.W.
C. C. W. / L.W.
excess specimens
L.H. - 4 - 4 - 4
L.H. - 4 - 4 - 4
H. W. A. H. W. A.

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EXHIBIT NO. 13(187/7)

Name Cutler, H. L.History No. 02-31-21NEW YORK DIABETES ASSOCIATION, INC.
DIAGNOSTIC STATEMENT

7 SEP 13 1962

(To be completed when initial work-up is complete)

CLASS OF DIABETES MELLITUS

Juvenile

Adult

Adult obese (15% overweight at onset)

2° to pancreas (hemochromatosis, etc.)

2° to adrenal

2° to pituitary

Potential

PAST DIABETIC HISTORY

(record most severe)

Diabetic coma (unconscious)

Ketosis, symptomatic

Ketosis, asymptomatic

None of above

Hypoglycemic shock

Family History of Diabetes

Yes ___ No ___ Relationship ___

DIABETIC COMPLICATIONS AND RELATED CONDITIONS

CARDIOVASCULAR

PERIPHERAL ARTERIOSCLEROSIS, symptomatic

Yes

No

asymptomatic

Yes

No

HYPERTENSION (diastolic consistently 90 plus

Yes

No

ASHD (myocardial infarct, CAD on EKG, angina)

Yes

No

OTHER (specify)

Yes

No

EYES

CATARACT, now

Yes

No

CATARACT, extraction

Yes

No

RETINOPATHY, microaneurysms

Yes

No

RETINOPATHY, micro: Plus hem: plus exudates

Yes

No

ARTERIOSCLEROTIC CHANGES

Yes

No

HYPERTENSIVE CHANGES

Yes

No

OTHER (specify)

Yes

No

LIVER DISEASE

CIRRHOSIS

Yes

No

OTHER (specify)

Yes

No

RENAL

GLOMERULOSCLEROSIS

Yes

No

OTHER (specify)

Yes

No

CNS DISEASE (specify)

Yes

No

DIABETIC NEUROPATHY

Yes

No

DIABETIC WORK CLASSIFICATION (if applicable)

a) no limit

c) need of retraining

b) limited

d) unable to work

OTHER DIAGNOSES (Complete List)

CG-2-64

(FOR REMARKS SEE OTHER SIDE)

EXHIBIT NO. 14 (pg 1 of 12)

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112

LE DR. STERNMAN

02-36-41

DIABETIC CLINIC RECORD

Cutler H. Lee. 5/7/25

| DATE | D I E T | | INSULIN DOSAGE | | | | Urine | | D A T E | Blood Sugar | Urine Acetone | | | |
|--------|---------|----|----------------|----------|------------------|-----------------|------------------|-------------------|------------------|----------------|------------------|--------------|-------------|-------------------------------|
| | C. | P. | Tot Cal. | G. T. | Before Bkfst. | Before Lunch | Before Dinner | Before Bedtime | | | | A.M. 7-11 | P.M. 3-7 | |
| JUL 1 | | | | 163 | | | | | 0 | 0 | 0 | 0 | | |
| | | | | 164 | | | | | 0 | 0 | 0 | 0 | | 0 |
| | | | | 164 | | | | | 0 | 2 | 0 | 0 | | 150-160 100-120 100-120 |
| | | | | 164 | | | | | 0 | 0 | 0 | 0 | | 0 |
| SEP 20 | | | | 164 | | | | | 0 | 0 | 0 | 0 | | 154 g/L. Sept. 16. 65 |
| | | | | 162 | | | | | 0 | 0 | 0 | 0 | | 2 |
| | | | | 165 | | | | | 0 | 0 | 0 | 0 | | 2. |
| | | | | 168 | | | | | 0 | 0 | 0 | 0 | | 2 |
| | | | | 167 | | | | | 0 | 0 | 0 | 0 | | 174 g/L |
| JUL 7 | | | | 171 | | | | | 0 | 0 | 0 | 0 | | |
| | | | | 171 | | | | | 0 | 0 | 0 | 0 | | 0 |
| | | | | 172 | | | | | 0 | 0 | 0 | 0 | | 0 |
| NOV 17 | | | | 176 | | | | | 0 | 0 | 0 | 0 | | 0 |
| | | | | 174 | | | | | 0 | 0 | 0 | 0 | | 176 |
| | | | | 175 | | | | | 0 | 0 | 0 | 0 | | |
| JUN 1 | | | | 177 | | | | | 0 | 0 | 0 | 0 | | 0 |

EXHIBIT NO. 4 (pg 2 of 10)

NEW YORK DIABETES ASSOCIATION, INC.

DIABETES CLINIC VISIT SUMMARY

Handwritten signature 113

NAME Cutler Hazel

BIRTH DATE 1913

HISTORY NO. 123641

DATE 12-21-67

RECEIVED 12-21-67

| WEIGHT BLOOD PRES. | | WEIGHT BLOOD PRES. | | WEIGHT BLOOD PRES. | |
|--|--------|--|--------|--|--|
| 151 | 140/85 | 183 | 130/80 | 183 1/2 | |
| FRACTIONAL SUGAR ACET. ALB. | | SUGAR ACET. ALB. | | SUGAR ACET. ALB. | |
| URINES 045-24 | | 0000 0 | | 0000 0 | |
| TESTS AT HOME | | Lent 3ll. | | | |
| LABORATORY AND X-RAY RESULTS | | LABORATORY AND X-RAY RESULTS | | LABORATORY AND X-RAY RESULTS | |
| 4.10/67. FBS-265m. GSC-12.6gm. Hematocrit 38 | | 4.10/67. FBS-265m. GSC-12.6gm. Hematocrit 38 | | 4.10/67. FBS-265m. GSC-12.6gm. Hematocrit 38 | |
| COMPLAINTS | | COMPLAINTS | | COMPLAINTS | |
| generally well | | General well. | | | |
| SIGNIFICANT PHYSICAL FINDINGS & CHANGES | | SIGNIFICANT PHYSICAL FINDINGS & CHANGES | | SIGNIFICANT PHYSICAL FINDINGS & CHANGES | |
| Heart flt. norm. Lr. heart 100 | | Heart flt. norm. Lr. heart 100 | | Heart flt. norm. Lr. heart 100 | |
| ADDITIONAL DIAGNOSES | | ADDITIONAL DIAGNOSES | | ADDITIONAL DIAGNOSES | |
| Obesity. | | Hurtz. | | Obesity. | |
| DIET | | DIET | | DIET | |
| 1200 cal (#1) | | 1200 cal #1 | | 1200 cal #1 | |
| INSULIN OR ORAL DRUG | | INSULIN OR ORAL DRUG | | INSULIN OR ORAL DRUG | |
| Sulfonylurea 200mg daily | | Sulfonylurea 200mg daily | | Sulfonylurea 200mg daily | |
| OTHER | | OTHER | | OTHER | |
| Corticosteroids | | Corticosteroids | | Corticosteroids | |
| TESTS ORDERED | | TESTS ORDERED | | TESTS ORDERED | |
| FBS + 2h p.p. | | FBS + 2h p.p. | | FBS + 2h p.p. | |
| REFERRALS (including foot care) | | REFERRALS (including foot care) | | REFERRALS (including foot care) | |
| RETURN VISIT | | RETURN VISIT | | RETURN VISIT | |
| 2 mo | | 2 mo | | 2 mo | |
| DATE LAST CHEST X-RAY | | DATE LAST CHEST X-RAY | | DATE LAST CHEST X-RAY | |
| | | | | | |
| DATE LAST EYE CONSULTATION | | DATE LAST EYE CONSULTATION | | DATE LAST EYE CONSULTATION | |
| | | | | | |

Handwritten note

Handwritten signature

SIGNATURE

(Additional notes on reverse side)

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EXHIBIT NO. 14 (pg 3 of 10)

CS-3-64

NEW YORK DIABETES ASSOCIATION, INC.

DIABETES CLINIC VISIT SUMMARY

114

NAME Cutler MangelBIRTH
DATEHISTORY NO. 023641

DATE

DEC 12 1962

| WEIGHT BLOOD PRES. | | WEIGHT BLOOD PRES. | | WEIGHT BLOOD PRES. | |
|---|-----------------------|----------------------------|--|--------------------|--|
| 185 | 166/66 | 170 | | | |
| FRACTIONAL SUGAR ACET. ALB. | SUGAR ACET. ALB. | SUGAR ACET. ALB. | | | |
| URINES | | | | | |
| 0 0 0 0 | 6000 0 | | | | |
| TESTS AT HOME | Home glycemia | | | | |
| LABORATORY AND X-RAY RESULTS | BUN 9 FBS 265 | 24 pp on 12/13 166/66 | | | |
| COMPLAINTS | Pain in shoulder | | | | |
| SIGNIFICANT PHYSICAL FINDINGS & CHANGES | P=64 | | | | |
| ADDITIONAL DIAGNOSES | | | | | |
| T DIET H INSULIN OR E ORAL DRUG R A OTHER P Y | Diabimix 500mg/day | | | | |
| TESTS ORDERED | EKG | 12-13-62 4 pp | | | |
| REFERRALS (including foot care) | | | | | |
| RETURN VISIT | 2 mm | | | | |
| DATE LAST CHEST X-RAY | 6/23/62 | DATE LAST EYE CONSULTATION | | | |

SIGNATURE

CS-3-64

(Additional notes on reverse side)

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EXHIBIT NO. 14 (4 of 10)

NEW YORK DIABETES ASSOCIATION, INC.
PHYSICAL EXAMINATION

11 SEP 13 NY 13:07
115

HISTORY NO. 2366

NAME Arthur J. J. DATE 6/2/57

HEIGHT 5'4" WEIGHT 155
GENERAL APPEARANCE Normal BLOOD PRESSURE 146/78 INFECTIONS No
Chronically ill ✓ Yes (specify site) ✓
Other (specify)

NUTRITION Obese ✓ Normal Underweight

SKIN AND MUCOUS MEMBRANES (fatty deposits, rashes, body hair, etc.) Normal Abnormal
LYMPH NODES Normal Abnormal

THYROID Normal Abnormal

HEART (enlargement, murmurs, etc.) Normal Abnormal

LUNGS Normal Abnormal

FEET Normal Abnormal

GENITALIA OR PELVIC Normal Abnormal

ABDOMEN, other than liver Normal Abnormal

LIVER Enlarged PERIPHERAL PULSES (DP and PP) ✓
Possibly enlarged All present
Definitely not enlarged ✓ Any diminished or absent
(specify)

EYES Normal Abnormal
If abnormal, check as many as apply:
Cataract, now Diabetic retinopathy, micro-
Cataract extraction aneurysms only
Arteriosclerotic changes Diabetic retinopathy, micro-
Hypertensive changes aneurysms and hemorrhages and
exudates

NEUROLOGICAL Due to diabetic neuropathy?
Disturbance of position or vibration sense, lower extremities Yes No Not ascertainable
Other sensory disturbance Yes No Not ascertainable
Motor disturbance Yes No Not ascertainable
Reflex changes Yes No Not ascertainable
Disturbance of cranial nerve function (other than blindness due to fundus or lens changes) Yes No Not ascertainable

(Record Laboratory data, X-Ray, ECG, Impression, and Orders on reverse side)

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EXHIBIT NO. 14645-701

NEW YORK DIABETES ASSOCIATION, INC.
104 East 40th Street
New York, New York 10016
OXford 7-7760

116
71 SEP 13 NY 12:07

DIABETES HISTORY

NAME Cutler, Hazel TELEPHONE . HISTORY NO. 62361
ADDRESS . SEX F Marital Status M Date 6/15/62
Date of birth or age 51 yrs Occupation At home Approximate date of DIABETES diagnosis 1965
PRESENT ILLNESS (Including history of diabetes, symptoms and previous treatment. Sequence of events with dates.)
Diabetes 500 mg day

FAMILY HISTORY

Uncle had diabetes

PREVIOUS HISTORY (Include operations, serious illnesses with dates.)

Surgery for fibroid uterus
 Loss of middle finger - rt. hand

WEIGHT (Includes duration underweight, overweight)

Wt gain

PREGNANCIES (Include birth weights, complications.)

5 pregnancies, 5 living children

REVIEW OF SYSTEMS (Including history of eye disorders, infection, hypertension, heart disease, genito-urinary disorders, peripheral vascular disease.)

Visual difficulty
Pain - left hand - difficulty in using

SIGNATURE H. J. Williams, M.D.

(Additional remarks on reverse side)

CS-1-64

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EXHIBIT NO. 14696 f/1

LABORATORY EXAMINATION

To be completed as soon as test results are available.
Please record date of test.

71 SEP 13 NY 13:07

URINE MICROSCOPIC

Date _____

BLOOD COUNT

Date 6/10/67

Result _____

Hemoglobin

WBC

Smear

12-6 g4000Normal

GLUCOSE TOLERANCE TEST

DATE _____

FASTING BLOOD SUGAR

Date 7/14/67

Result _____

Result 268

BLOOD SUGAR

Hours after eating

Result _____

Date _____

BUN

Date 7/14/67

CHOLESTEROL

Date _____

Serology

Date _____

Result 16

Result _____

Result _____

CHEST X-RAY

Date 6/23/67

ECG

Date 7/20/67Result Essential negativeResult Normal

OTHER

Date _____

Result _____

ORDERS

Diet

Insulin

Other medication

Diazepam 500 mg/box

Studies

CBC, FBS, x-ray of chest sept bed

Referrals

Social Service

Return Visit

4 weeks

SIGNATURE

[Signature]

COMMENT

EXHIBIT NO. 14 (pg 2 of 10)

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NEW YORK DIABETES ASSOCIATION, INC.

DIABETES CLINIC VISIT SUMMARY

NAME Carter Hazel
DATE APR 4 1960

BIRTH DATE JUN 7 1900

Dr. D. C. ... 118
023641
HISTORICAL NO. 2788T
7 SEP 13 1960

| WEIGHT | BLOOD PRES. | WEIGHT | BLOOD PRES. | WEIGHT | BLOOD PRES. |
|---|-------------|------------------|-------------|------------------|-------------|
| 157 | | 175 1/2 | 120 | 178 1/2 | |
| FRACTIONAL 'STONE' ACET. ALB. URINES | | SUGAR ACET. ALB. | | SUGAR ACET. ALB. | |
| 04124 | | 0000 | | 00 | |
| TESTS AT HOME | | | | | |
| LABORATORY AND X-RAY RESULTS | | | | | |
| COMPLAINTS | | | | | |
| SIGNIFICANT PHYSICAL FINDINGS & CHANGES | | | | | |
| ADDITIONAL DIAGNOSES | | | | | |
| DIET INSULIN OR OPALINUS | | | | | |
| OTHER | | | | | |
| OPONS ORDERED | | | | | |
| REMARKS (including foot care) | | | | | |
| RETURN VISIT | | | | | |
| DATE LAST CHEST X-RAY | | | | | |
| | | | | | |

SIGNATURE

(Additional notes on reverse side)

CS-3-64

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EXHIBIT NO. 14178070

NEW YORK DIABETES ASSOCIATION, INC.
DIABETES CLINIC VISIT SUMMARY

119
SEP 13 1939

NAME Pothier Hazel BIRTH DATE _____ HISTORY NO. 02-36-41
DATE OCT 16 1939

| | WEIGHT | BLOOD PRES. | | WEIGHT | BLOOD PRES. | | WEIGHT | BLOOD PRES. |
|---|--------|-------------|--|--------|-------------|--|--------|-------------|
| 177 1/4 | | | | | | | | |
| FRAC TIONAL SUGAR ACET. ALB. | | | | | | | | |
| URINES | | | | | | | | |
| traces | | | | | | | | |
| TESTS AT HOME | | | | | | | | |
| LABORATORY AND X-RAY RESULTS | | | | | | | | |
| COMPLAINTS | | | | | | | | |
| none | | | | | | | | |
| SIGNIFICANT PHYSICAL FINDINGS & CHANGES | | | | | | | | |
| none | | | | | | | | |
| ADDITIONAL DIAGNOSES | | | | | | | | |
| none | | | | | | | | |
| DIET | | | | | | | | |
| INSULIN OR | | | | | | | | |
| ORAL DRUG | | | | | | | | |
| OTHER | | | | | | | | |
| TESTS ORDERED | | | | | | | | |
| REFERRALS (including foot care) | | | | | | | | |
| RETURN VISIT | | | | | | | | |
| DATE LAST CHEST X-RAY | | | | | | | | |
| | | | | | | | | |

SIGNATURE _____

CS-3-64

(Additional notes on reverse side)

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EXHIBIT NO. 14/119/102

NEW YORK DIABETES ASSOCIATION, INC.

120

DIABETES CLINIC VISIT SUMMARY

NAME Cutler Hazel ^{SS} BIRTH DATE MAR 6 1955 HISTORY NO. 02-36-41
 DATE DEC 12 1955 JUN 2 6 1959

| WEIGHT | BLOOD PRES. | WEIGHT | BLOOD PRES. | WEIGHT | BLOOD PRES. |
|---|-----------------------|----------------------------|------------------|---------------------|-------------------------------------|
| 175 | 110 | 175 | 110 | 178 | 110 |
| FRACTIONAL SUGAR ACET. ALB. | SUGAR ACET. ALB. | SUGAR ACET. ALB. | SUGAR ACET. ALB. | SUGAR ACET. ALB. | SUGAR ACET. ALB. |
| URINES 11/12/55 | 0000 0 | 0000 0 | 0000 0 | 0000 0 | 0000 0 |
| TESTS AT HOME | | | | | |
| LABORATORY AND X-RAY RESULTS | <u>1 h p.p. 12/18</u> | 1 h p.p. 12/18 | | <u>not reported</u> | |
| COMPLAINTS | <u>none</u> | <u>none</u> | | <u>none</u> | |
| SIGNIFICANT PHYSICAL FINDINGS & CHANGES | <u>none</u> | <u>none</u> | | <u>none</u> | |
| ADDITIONAL DIAGNOSES | <u>—</u> | <u>diabetes</u> | | <u>diabetes</u> | |
| DIET INSULIN OR ORAL DRUG | <u>Diabimac</u> | <u>1 h insulin</u> | | <u>1 h insulin</u> | |
| OTHER | <u>9/17/59</u> | <u>diabetes</u> | | <u>diabetes</u> | |
| TESTS ORDERED | <u>11/12/55</u> | <u>11/12/55</u> | | <u>11/12/55</u> | <input checked="" type="checkbox"/> |
| REFERRALS (including foot care) | | | | | <input checked="" type="checkbox"/> |
| RETURN VISIT | <u>5/1/59</u> | <u>5/1/59</u> | | <u>5/1/59</u> | <input checked="" type="checkbox"/> |
| DATE LAST CHEST X-RAY | | DATE LAST EYE CONSULTATION | | | |

SIGNATURE H. H.

CS-3-64

(Additional notes on reverse side)

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EXHIBIT NO. 11/12/55

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LONG ISLAND JEWISH HOSPITAL

NEW HYDE PARK, N.Y.
1971 AUG 23 2:38

HISTORY SHEET

2

DATE

MEDICAL

DEC 19 1969

50 yr old
separated female who came in for
intermittent dizziness of about 1 yr duration
PI. Known diabetic 4 yrs duration
Diabetes since 1938 I.T.D.
Also known hypertension -
beginning medication one year
ago. could be very hard to take
even at 200 mg. per day. This caused
the clon not have larger doses
but since physician states the
clon.

PH Hypertension 4 yrs ago at 200 mg
- 200 mg - 200 mg 2 times a day
FH Fd - ? of ? cause
- M J - 61 yrs - 1st attack
13 - L - 50 + W
15 - L - 45 + W
2 attacks of hypertension in 1968
- the 1st attack was at 200 mg

ROS Frequent lightheadedness & dizziness
- 200 mg 200 mg 200 mg
- no medication to dizziness
- no lightheadedness or dizziness
to hypertension
- no medication to dizziness

EXHIBIT NO. 15/1971/46

PH.

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122

Box 120120 -

1971 AUG 23 NY 2:38

Female in no more clothes

Head in position of head of corpse

Eyes: Bright, 1, 2 & 3, 4 to 5

Double vision some horizontal of
muscles

ENT: under normal conditions

Nose: Bright. Trachea visible -
No response to hypoxia, no
enlargement

Clav: Clav. to 3 to 4

HT: 2 to 3 no response to enlargement

Blad: Bright, no response to hypoxia

No organs in response to hypoxia

Lgt: No response, clenching of
teeth

Neurology: DTRs equal + active
perfusion intact

R. - Lgt. Diaphragm visible

APC

uric

Int A - 12

Subcutaneous

Clav & 12

B & C

ENT 2 muscles

EXHIBIT NO. 15 (pg 2 of 16)

LONG ISLAND JEWISH MEDICAL CENTER
SURGICAL PATHOLOGY REPORT

Patient CUTLER, HAZEL

971 AUG 23 11 2:39
Surgical No. P-2350-69

Room No. Service OPD Age 54 Sex F

Unit No. 355127

Operating Surgeon

Date specimen received 12-19-69

Clinical Diagnosis

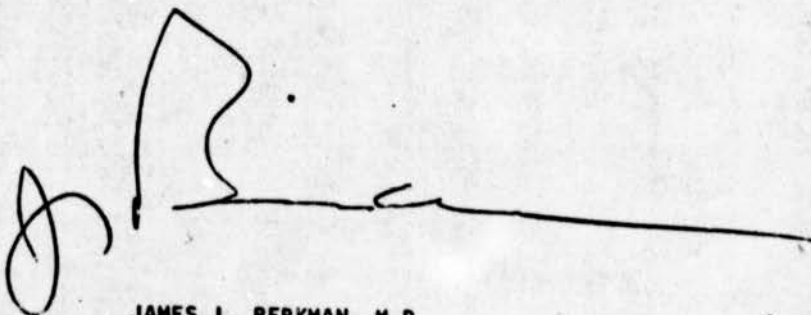
Date of report 12-24-69

Nature of Specimen: PAP SHEAR

Essential Clinical Data:

GROSS DESCRIPTION:

DIAGNOSIS: NEGATIVE FOR MALIGNANT CELLS. TRICHOMONIASIS.



JAMES I. BERKMAN, M.D.

EXHIBIT NO. 15143 116

H3053-10M-8/69

THE LONG ISLAND JEWISH HOSPITAL

NEW HYDE PARK, N.Y.

1971 AUG 23 NY 2:38

PROGRESS NOTES

3

BEST COPY OBTAINABLE

DATE _____

THE LONG ISLAND JEWISH HOSPITAL

PATIENT'S NAME _____

HAZEL, CITLER

REPORT OF RADIOLOGIC CONSULTATION

| UNIT NO. | NO. IN NO. | DATE |
|----------|------------|--------|
| 355127 | EROPD | 1-8-70 |

Examination of the chest PA and lateral projections shows both lung fields to be clear. No definite infiltration or consolidation is present. The heart is not enlarged.

IMPRESSION: NEGATIVE CHEST.

DR. CRUZ
DC

J.B.

MEDICAL

JA 6 157

Still fairly constantly
 happy, except when fairly of weight on
 top of head - present for over 1 yr. but
 intermittent - until now recently (8 yrs)
 when he became more constant.
 better when relaxed but if active
 becomes especially severe during
 day - e.g. bedtime, W or painful
 over. No difference in adaptation.
 Some recent increase of visual activity.
 Since that - L.C. & pain - yrs
 some upper abd. pains 6 mths.
 early, keeping fit awake
 & sleep by night. (Cite Head Gard.
 B.P. 150 mm. - no even
 some narrow & of rest
 brain neural nke.
 Had no increase in trouble
 after L.C.

EXHIBIT NO. 15 (pg 4 of 4)

HAZEL CUTLER

PPK 355127

1.8.76

AGE 54

CLIN. DIAGNOSIS

ATRIAL RATE 70/min

VENTRIC. RATE 70

P.R. .20

Q8

B.P. 120/82 DIGITALIS ☒ QUINIDINE

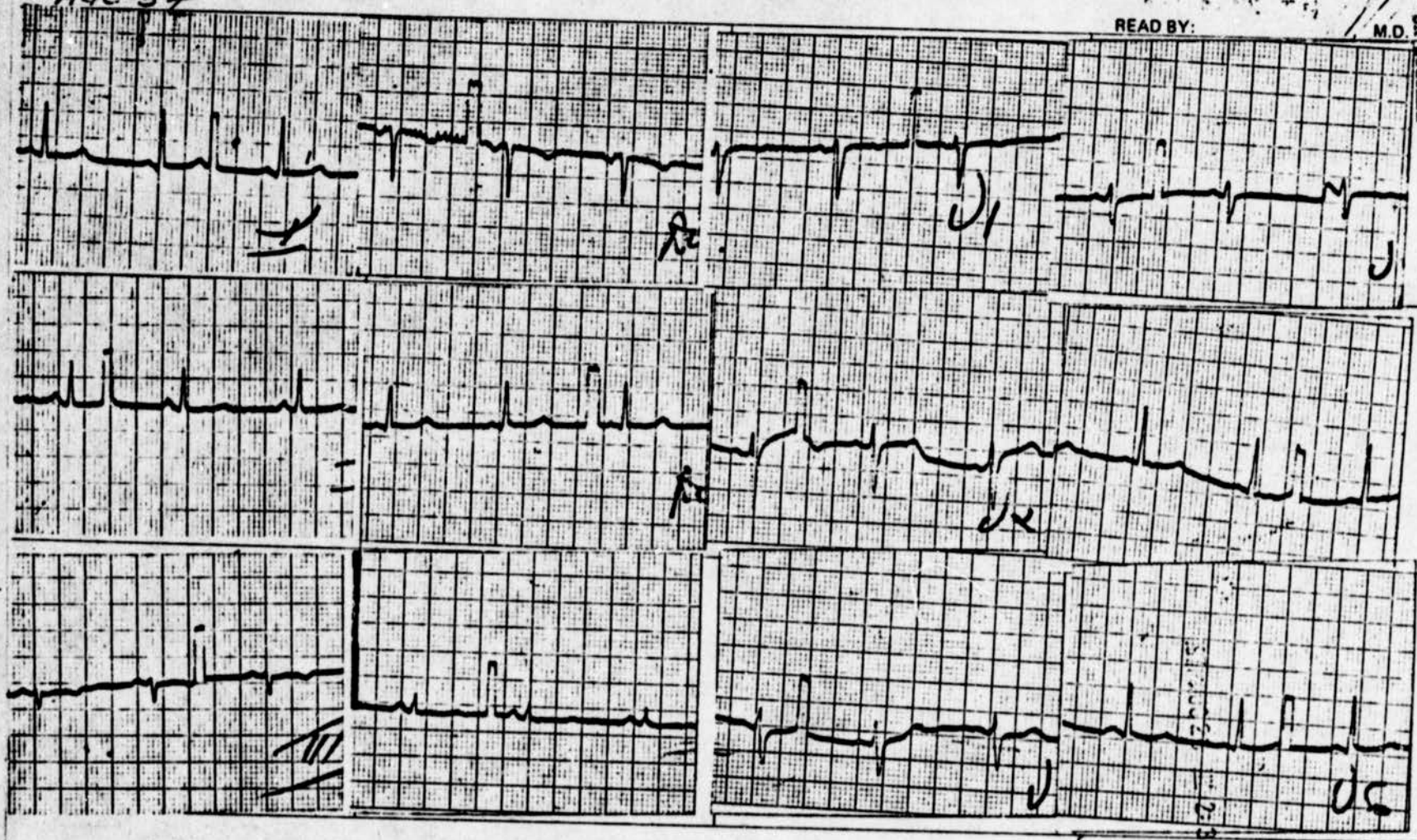
Sinus rhythm; T is low in L2, AVF, V4 thru V6; non-specific T wave changes.

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READ BY:

M.D.

EXHIBIT NO. 67544



LONG ISLAND JEWISH MEDICAL CENTER

ELECTROCARDIOGRAPHIC REPORT

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THE LONG ISLAND JEWISH HOSPITAL

OUTPATIENT DEPARTMENT

REQUEST FOR CONSULTATION

TO H. ... 1976 JUN 23 11 2:39DATE 1/14/70 DIAGNOSIS DeafnessREFERRING CLINIC neurologyREASON FOR REFERRAL Deafness & hearing loss
for several months
but 6 & 8 skull x-rays orderedREQUESTED BY J. H. ...

M.D.

CONSULTATION REPORT

DATE _____

PATIENT TO CONTINUE IN _____

CLINIC

SEEN BY _____

M.D.

EXHIBIT NO. 1576 of 16

HAZEL CUTLER

OP# 355127

1 pm

2-11-70

LONG ISLAND JEWISH MEDICAL CENTER

127

ELECTRO - ENCEPHALOGRAM

REQUEST

1971 AUG 23 NY 2:39

BEST COPY OBTAINABLE

Reason for request:

rather constant
dizziness, & feeling of
not on top of head
not rel. to meals or head of meals

E. E. G. No. 9793

Date 2-17-70

Receipt #

Medication:

Hyproly, Cerebral Cortex

Requested by

J. Silber M. D.
OPD

REPORT

Name: CUTLER, HAZEL

Age: 55 yrs

Date: 2-17-70

E. E. G. # 9793

Code:

Previous E. E. G.

CONDITION OF RECORD - Awake and drowsy.

ALPHA - 9-10 cps, up to 40% bilaterally.

BETA - Small amount, symmetrically.

DELTA - None

HYPERVENTILATION - No significant change.

INTERMISSION - Normal record.

DOUGLAS L. ANGEL M.D.

189

11.5 Revised

EXHIBIT NO. 1897 of 161 7590

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THE LONG ISLAND JEWISH HOSPITAL

NEW HYDE PARK, N.Y. AUG 23 1971 2:38

PROGRESS NOTES

3

| DATE | |
|------|--|
| | <p>Over the previous course will start neurology to E.E.C. & skull plates referred neuro clinic. Add file to neuro clinic for stained, through Della</p> |

THE LONG ISLAND JEWISH HOSPITAL

REPORT OF RADIOLOGIC CONSULTATION

PATIENT'S NAME

CUTLER, HAZEL

UNIT NO.

355127

ROOM NO.

DATE

2-17-70

Examination of the skull in the frontal projection shows prominence of the venous markings in the frontal and lateral parietal bones at the end of which there are other what appears to be venous lakes. The other markings are intact as well as the sutures. Sella turcica, petrous pyramids and sphenoid wings appear normal.

IMPRESSION: PROMINENCE OF VENOUS MARKINGS WHICH ARE ENDING IN VENOUS LAKES.

DR. PIQUET
DC

Q

NEUROLOGY

FEB 25 1970

Episodes of "dizziness" - bad in past 6
mos, present over a year. Also headaches
on top of head.

Diabetic - takes Dabene x 4 yrs -
never on insulin - rarely check urine,
usually has glycosuria - never recovers -
weight stable - on some diet.

Occ. paresthesias in fingers & toes. EXHIBIT NO. 1089161

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LONG ISLAND JEWISH MEDICAL CENTER

NEW HYDE PARK, N. Y.

1971 AUG 23 NY 2:38

PROGRESS NOTES

3

| DATE | |
|------|--|
| | Most of dizziness is postural. EEG & Skull films were normal. |
| | Px Alert, oriented to dizziness at time of exam — |
| | No nystagmus. Caloric n's OK. Slow performance of R.A.M. all 4 extremities — symmetrically. Minimal weakness hip flexion bilat. No dysmetria. |
| | Impaired vibratory sensation over both ankles. DTR's & Brach's & K-J, absent A-J. Symmetrical. No Babinski. DSS testing normal. |
| | Visual fields, Kappa ^{Goldmann} hearing grossly wnl. Fundi — Discs OK, Gr T AS AS. |
| | BP — 120/60 lying 120/62 sitting 110/70 standing |
| | Imp "Peripheral Neuropathy — probably Diabetic Dizziness may be 2° to Sympathetic overactivity & postural hypotension although above measurements do not support this. |
| | Rx Support stockings Abdominal binder Trial of Antihert Return to MD |

EXHIBIT 87a

H. H. H. H. H.

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LONG ISLAND JEWISH MEDICAL CENTER
NEW HYDE PARK, N. Y.

130

PROGRESS NOTES

3

| DATE | MEDICAL |
|-------------|--|
| MAR 11 1970 | See a low count Improved but still clayey. Still to be seen for weeks R to continue Anticretol Deafness - 25% in L DRT Dystonia Cochlear Hill |
| APR 17 1970 | Still dizzy - on treatment of TID on Divalproate 6 DRT for dizziness BP 120/80 1-25-70 No weight gain Cautious gradual & sequential will change Rx from Valium to Klonopin Hill sign Lap |

EXHIBIT NO. 16 (16)

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131

LONG ISLAND JEWISH MEDICAL CENTER

NEW HYDE PARK, N. Y.

1971 AUG 23 NY 2:38

PROGRESS NOTES

3

| DATE | MEDICAL MAY 1 1970 |
|------|--|
| | <p>Physical status diagnosis remains intact. The diagnosis the diagnosis is occasionally nearly normal occasionally by feeling and when is going to fall backward. I am concerned in the with my own standing position. The also feel the diagnosis when assuming the upright position and when bending over. The patient has not shown any significant difference in effort on her own standing position.</p> <p>Lab FBS (4.12.70) = 169 mg %</p> <p>Physical Examination:</p> <p>B 1: 120/80 Pulse: 80 (reg)</p> <p>Ht: 5' 7" Wt: 140 lbs</p> <p>Heart: No murmurs</p> <p>Lungs: Clear</p> <p>Chest:</p> <p>Abdomen:</p> <p>Extremities: No edema</p> <p>Gen: No abnormal</p> <p>1) Diagnosis: 1) The vertebral bone an osteoporosis</p> <p>2) Continue diabetic medication</p> <p>3) The FBS this time</p> <p>4) No edema, T. test</p> <p>5) The patient has a good of paralytic pt. about, diabetic.</p> <p>6) Patient 2 in 1, 1 for follow up</p> |
| | <p><i>[Signature]</i></p> |

EXHIBIT NO. *[Signature]*

LONG ISLAND JEWISH MEDICAL CENTER
NEW HYDE PARK, N Y. 11040

PROGRESS NOTES

3

[illegible]

MEDICAL SEP 22 1970

- SEP 20 1970

Full day High Power Center
on [unclear] signal [unclear]
[unclear] No [unclear]
[unclear] OP -
DPT ID - TID
[unclear] TID
[unclear] P-80
[unclear] J
[unclear] 250
[unclear] 20 d. [unclear]
[unclear] (ire)

FORM NO. 62-14

EXHIBIT NO. 5/23/13 9/16

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134

LONG ISLAND JEWISH MEDICAL CENTER
NEW HYDE PARK, N.Y.

PROGRESS NOTES

3

DATE

THE LONG ISLAND JEWISH HOSPITAL

REPORT OF RADIOLOGIC CONSULTATION

PATIENT'S NAME

UNIT NO.

ROOM NO.

DATE

TO

Cutler, Hazel

355127

OPD

6-18-82

Examination of the cervical spine in frontal, lateral and oblique projections shows no definite evidence of fracture or dislocation. The vertebral bodies, pedicles and spinous processes are intact. No definite spondylotic changes are demonstrated. The prevertebral soft tissues are within normal limits. Minimal narrowing of the intervertebral joint space between C2 and C3 is noted.

IMPRESSION: MINIMAL NARROWING OF C2 & C3 JOINT SPACE.

Dr. Vanapruck

pal

MEDICAL MAY 21 1982

LET 110, 663

SP 157/82

Handy, green, had good history. Control

3/13/82 Per

in files

in Nov

11/11/82

in 11/11/82

REC-4105

EXHIBIT NO.

SP 157/82

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135

LONG ISLAND JEWISH MEDICAL CENTER

NEW HYDE PARK, N. Y. 11040

1971 AUG 23 NY 2:39

PROGRESS NOTES

3

DATE

Re - Continuing improvement in
Blotting of the - first
RTG - first (right hand)
RTG - 3 months

G. J. Gold

MEDICAL

JAN 8 1971

Follow up visit of 57 yr old
G. J. Gold. On the occasion
of the visit

Still complains of itching
He does not sleep

Nocturnal itching. eating well.
claims to be on diabetic diet

As of 12/18/70
chest clear & no wheezing
Extremities no edema, good pulses

Plan

Continue same med

RTG 3 months - 1st & 2nd

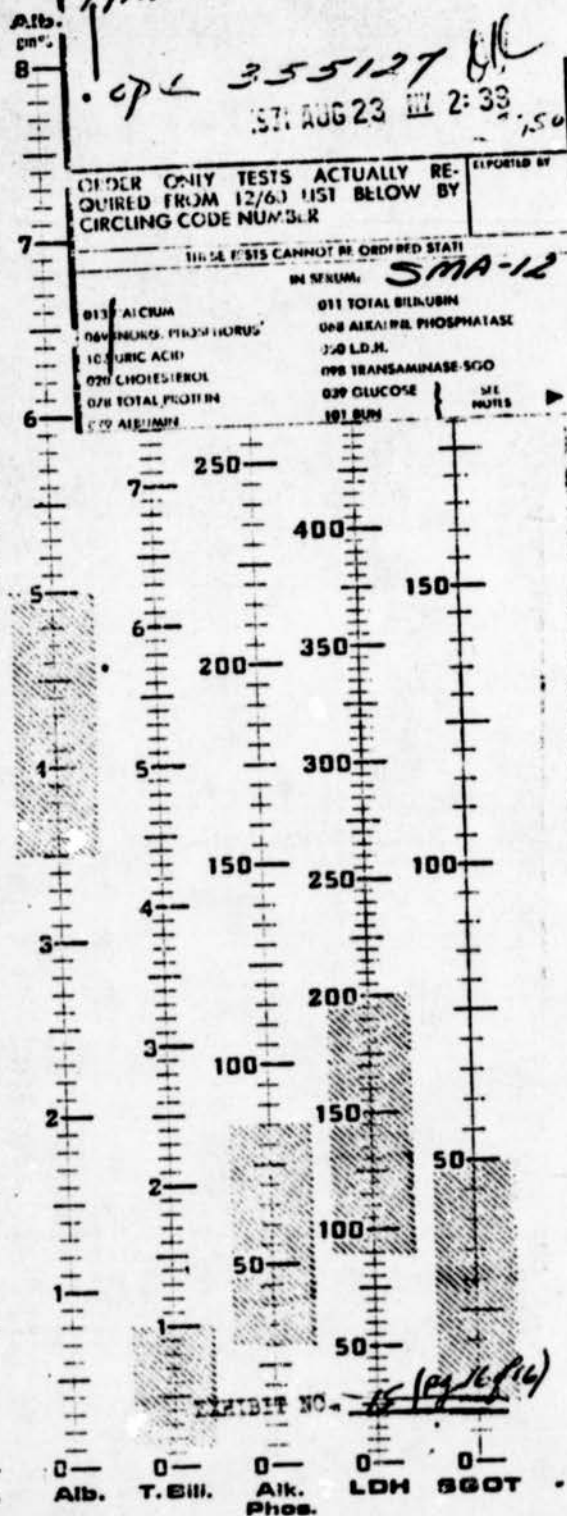
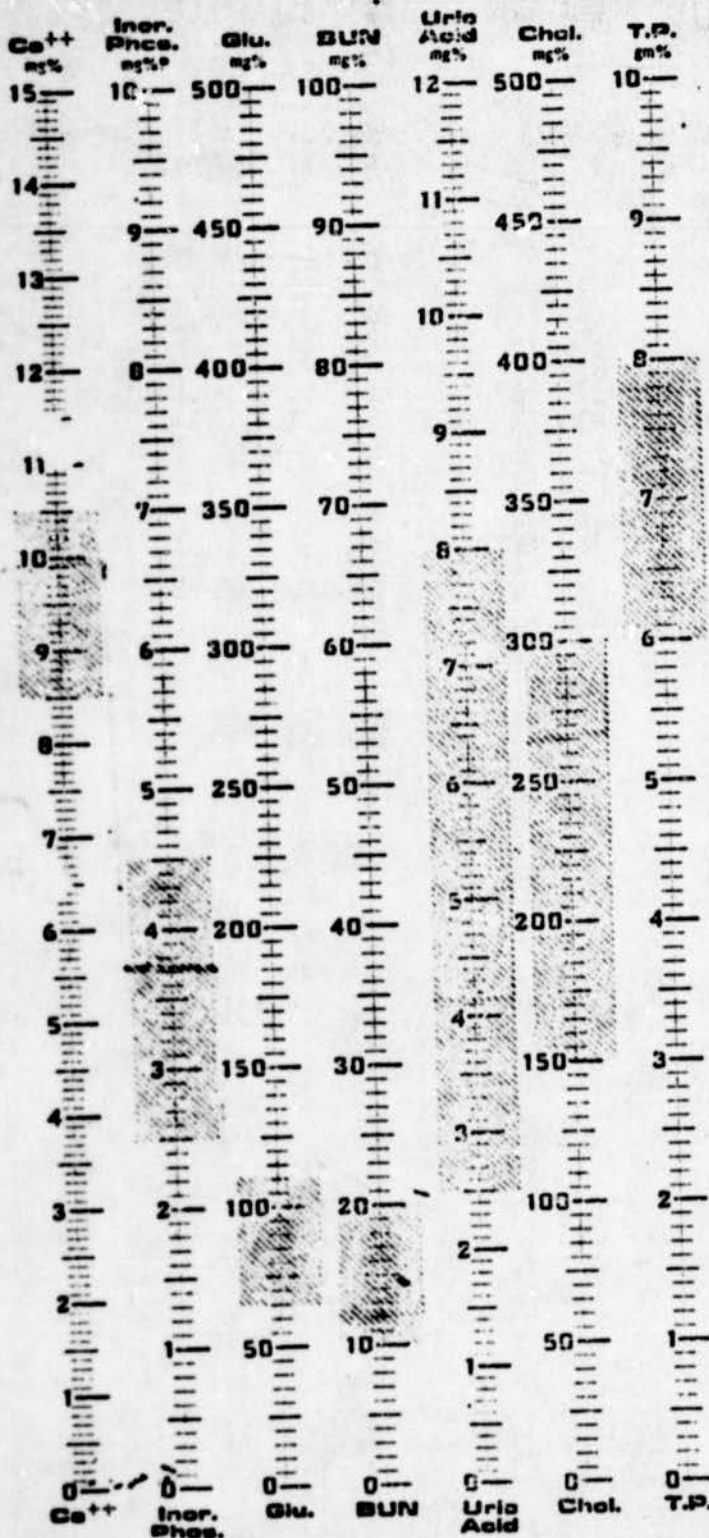
phlebotomy

EXHIBIT NO.

15/15/16

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SMA 12/60



Hazel Cutler

CP 355127
AUG 23 2:33

ORDER ONLY TESTS ACTUALLY REQUIRED FROM 12/60 LIST BELOW BY CIRCLING CODE NUMBER

THESE TESTS CANNOT BE ORDERED SEPARATELY
IN SERUM: SMA-12
011 ALBUMIN
021 TOTAL BILIRUBIN
026 ALKALINE PHOSPHATASE
027 LDH
028 TRANSAMINASE-SGO
029 GLUCOSE
030 BUN
031 ALBUMIN

EXHIBIT NO. 15 (pg 16 of 16)



DEPARTMENT OF SOCIAL SERVICES

JAMAICA DISTRICT SERVICE CENTER

97-16 147TH PLACE, JAMAICA, N. Y. 11435

October 2, 1972

137

In Reply Refer To

990-

Telephone No.

Re: Cutler, Hazel
AD 2633545

STATEMENT

Mrs. Hazel Cutler worked for me as a housekeeper until June 1965. She was a conscientious worker who always came to work on time and on her appointed days. She worked one or two days a week for me.

Towards the end of her employment with me, she began to have difficulty bending. She found it very difficult to use the vacuum cleaner and she could not do heavy housecleaning.

Several times she became dizzy while working and had to rest or leave early. It was obvious to me that I would not be able to employ her much longer, but I kept her on as long as I could because she was wonderful with my children.

Finally, she had a serious operation and it was not possible, physically, for her to continue work.

She was never a fast worker due to the injury of her hand, and I believe she had been ill for quite a while without knowing it. It is my belief that she should have been considered unable to work at the time she left my employ.

Claire Kellman
81-20 160 Ave.
Howard Beach, New York

Claire Kellman

EXHIBIT NO. 16(1)

HISTORY SHEET

CASE NAME

Cutler, Hazel

ADDRESS

119-15 Farmers Blvd.

THE CITY OF NEW YORK
DEPARTMENT OF WELFARE

BASIC CASE NUMBER

HR-2633545 138

PAGE NO.

Stat. Visit
3/4/68

Living Cond.

Health.-

Management.

Debts.-

Resources.-

Employability

Needs.-

Recommend.

Follow up.-

RECEIPT

On marginal date Worker visited Client in the above mentioned address; her daughter and her grandchild were also at home.

Client occupies one room in the 5 rooms one family house. Living room contains: a double set of sectionals, a table, an arm chair, a set of two small tables with table lamps on them. Hanging from a wall there is a large mirror with several small shelves with many knick knacks. The other bedroom of the house is of her married daughter. There is in the basement another bedroom; Worker was told it was for the kid.

Mrs. C. stated she is a diabetic and showed a Queens G. Hospital Card O.P.D. 02-36-41, where we read: Lab Test 12/18/67, and Diabetes Treatment on 1/11/68. Also written on the card Next appointment for Lab Test 3/21/68 and Diabetes Treatment on 4/4/68.

Client has only two fingers in her right hand, she said she lost those fingers in an accident when she was working in a factory many years ago. Mrs. C. looks older than she really is. She walks, thinks and talks very slow; might be because of her disease.

Rent receipts showed dated February 3, February 15 and March 2, in the amount of \$30.00 each, signed by Mary Deans.

Mrs. C. stated she does not have any debts at present time.

Client stated there has not been any change in her resources

Client considers herself unavailable for employment due to her health conditions.

Mrs. C. is requesting an overcoat, a pair of shoes and snow boots. The overcoat showed to Worker is a very old one and shoes worn out in bad shape.

To continue on P.A.

Request for Medical Report.

3/8/68. Fernandez. *K*

RECERTIFICATION

I hereby certify that all variable factors of need and eligibility have been re-evaluated and reevaluated, and that this case is eligible for the type of assistance and amount of grant as current.

Date: 3/8/68

Signed: *[Signature]*

On the basis of my review of the material submitted in this case record, I approve the above certification.

Date: 4/8/68

Signed: *[Signature]*

(Unit Supervisor)

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EXHIBIT AC-1

THE CITY OF NEW YORK
DEPARTMENT OF SOCIAL SERVICES

HISTORY SHEET

| CASE NAME | ADDRESS | BASIC CASE NUMBER |
|---------------|----------------------|--------------------------|
| CUTLER, HAZEL | 119-15 Farmers Blvd. | HR 2633545 PAGE NO. 3 |

1 continued

2

3 HEALTH Mrs. Cutler appears at the Clinic on a regular basis. She

4 has an appointment for Medical on 6/19 and on 6/26, she goes

5 for a blood test.

6 She stated that she continues to suffer with diabetes.

7

8 MANAGEMENT Mrs. C. stated that she now receives surplus foods. This

9 helps her in the area of management.

10

11 RELATIVES Client stated that there are no relatives who can assist

12 financially.

13

14 RESOURCES Client acknowledged no assets other than her p/a grant.

15

16 RENT Mrs. Cutler pays her daughter \$15. a week for rent. This

17 includes utilities and use of the entire household.

18

19 R. UPDACK:AL 23

20 D 6/19/69

21 T 6/23/69

22

23

24 STATUTORY VISIT & RECERT

25

26 9/8/69 We visited Mrs. Cutler on marginal date and found her at

27 home. We had arranged a Home Visit.

28

29 LIVING CONDITIONS Client continues to occupy a furnished room in the private house

30 belonging to her daughter. As usual, the entire household was

31 very neat and clean. Mrs. Cutler has use of the household as she

32 lives as part of the family.

33

34 HEALTH Mrs. Cutler continues to attend Q.G.H. on a regular basis. She

35 suffers from dizzy spells and is unable to Her

36 doctor told her that she has diabetes and low blood.

37

38 MANAGEMENT Mrs. Cutler stated that she is able to make ends meet. She is

39 in receipt of the surplus foods but some of the items she is unable

40 to use because of her health condition. She is grateful to the

41 Department for aid.

42

43 RESOURCES Mrs. Cutler acknowledged no assets other than her P.A. grant. She

44 is in the process of applying for Social Security.

45

46 RELATIVES Mrs. C stated that she is separated from her husband many years in

47 Virginia. She has no idea as to his whereabouts.

48

49 RENT Mrs. C said that she pays her daughter rent each time she receives

50 her grant. Mrs. who is a housewife, verifies same. Rental

51 includes utilities.

52

53

54

55

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EXHIBIT

2

THE CITY OF NEW YORK
DEPARTMENT OF SOCIAL SERVICES

HISTORY SHEET

CASE NAME

ADDRESS

BASIC CASE NUMBER

PAGE NO.

CUTLER

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9/11/69 Since we do not feel that Mrs. Cutler is employable
at this time, we are reclassifying case to PAD
effective 10/1/69.

Closing HR code 85.

Opening PAD code 01.

R. UPDACK F. ^{KLOETMAN} ~~GLOMAN~~, Ass't Supvr. 9/11/69
R. UPDACK 23 D 9/19/69 IBP T 9/25/69

CERTIFICATION

I hereby certify that eligibility was established by investigation in accordance with provision of
the Social Welfare Law and rules and regulations of the Department and that this case is eligible
for grant in the amount indicated by this authorization.

Date 9/11/69

Signed

Ruth J. Updack

Caseworker

On the basis of my review of this case, I hereby approve it as eligible for grant indicated by
this authorization.

Date 9/11/69

Signed

Thelma

(Unit Supervisor)

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12/15/69 We visited Mrs. C. on marginal date and found her
at home. She was expecting us.

LIV. COND.

Mrs. C. continues to occupy a furnished room in her daughter's
private home. As usual the entire household was neat and clean.
Client lives as part of a family group.

HEALTH

Mrs. C. attends Queens General Hospital every three months but
plans to change as the hospital does not give her medication.
At present she goes to Dr. Kaufman, a private doctor on 112th Ave.
and Farmers Blvd. He told her that her blood is very high. She
knew something was wrong as she continues to get dizzy spells.

MANAGEMENT

Client stated that she finds it very hard to get along on her
present grant as the cost of living is so high. She has not
received surplus food in two months.

RESOURCES

Mrs. C. stated that she went to Social Security Office near Hillside
to apply for disability benefits but was told to come back when
she had proof of birth. She stated that no one in Norfolk, Va.
had been able to help her secure her proof of birth. However
her daughter wrote to Washington to the Bureau of Census. To date
she has not received an answer.

RELATIVES

Client stated that she separated from Mr. C. in 1950. She came from

EXHIBIT

3

HISTORY SHEET

CASE NAME

ADDRESS

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BASIC CASE NUMBER

PAGE NO.

2

1
2 3/12/70 We visited Mrs. Cutler on Marginal Date and found her at
3 home, she was expecting us.
4
5 LIVING CONDITIONS Client continues to live in her daughters private home at the above
6 address. As usual, the entire house was neat and orderly.
7
8 HEALTH Miss Cutler states that she attends the Long Island Jewish Hospital.
9 She did not feel that QGH was doing her any good. She stated that
10 she feels better but is still unable to bend because of dizzy spells.
11 She further stated that she is still on medication.
12
13 MANAGEMENT Client stated that she is unable to purchase clothing out of her grant.
14 The doctor has her on a special diet which is very expensive, as she
15 suffers with diabetes. She said if her health improves, she will seek
16 employment.
17
18 RELATIVES There are no relatives to assist our client financially.
19
20 RESOURCES Mrs. Cutler states that her daughter is still trying to secure client's
21 proof of birth. She has had no luck so far.
22
23 RENT Mrs. Cutler stated that her rent is paid to date. This is very fine
24 by her daughter.
25

Updock:CM - D. 3/13/70 T. 4/2/70

EXHIBIT

DATE: Issued 7/6/67

Returned _____

Form W-900⁹-150M 122042(66) 114
Rev. 11/4/66THE CITY OF NEW YORK
DEPARTMENT OF WELFAREAPPLICATION FOR PUBLIC ASSISTANCE
OR
REQUEST FOR CARE

CASE NO.

142

ELIGIBILITY PAMPHLET(S) ISSUED:

AB ☐ AD ☐ ADC ☐
GAA ☐ HR ☐

TYPE OF ASSISTANCE:

AB ☐ AD ☐ ADC ☐ GAA ☐ HR ☐ VA ☐ PHC ☐

CROSS REFERENCES:

Name Case Number

APPLICANT:

CUTLER

Last Name

HAZEL

First and Middle Names

ADDRESS:

119-15 FARMERS BLVD

Street and Number

Apt.

Floor

Borough

Zip Code

DO NOT WRITE ABOVE THIS LINE
Other family names or spelling used:

I. FAMILY GROUP IN HOUSEHOLD:

List all members of the household who are applying.

List single children in order of age beginning with the eldest, married children and their husbands or wives and other relatives living in household:

| NAME (First and Middle) (Last Name if Different from Family Name) | SEX (M) (F) | DATE OF BIRTH (Mo-Day-Yr) | PLACE OF BIRTH | REL- GION | RELATIONSHIP TO APPLICANT | SOCIAL SECURITY NUMBER |
|--|-------------------|---------------------------------|-----------------------|--------------|------------------------------|---------------------------|
| Man | | | | | | |
| Woman | | | | | | |
| <u>HAZEL</u> <u>BELL</u> Maiden Name | F | <u>7/31/15</u> | <u>MORRISTOWN, NJ</u> | <u>P</u> | <u>SELF</u> | <u>226-20-1554</u> |
| Children and relatives: | | | | | | |
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |
| 9. | | | | | | |
| 10. | | | | | | |
| 11. | | | | | | |
| 12. | | | | | | |
| 13. | | | | | | |
| 14. | | | | | | |

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EXHIBIT AC-2

Relatives unable to continue to support me.

III. We declare that we own or have owned the following assets: (Check either "yes" or "no" in every item.)

| | Yes | No | | Yes | No |
|---|--------------------------|-------------------------------------|---|--------------------------|-------------------------------------|
| Life Insurance | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Interest in Estates | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Any Other Insurance | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Automobile or Truck | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Real Property | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Union Membership | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Mortgages — Mortgage Certificates | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Lodge membership | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Lease on Real Property | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Judgments — Claims — Lawsuits | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Bank Account or Cash | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pensions or Allotments | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Safe Deposit Box | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Business Interest | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Stocks or Bonds | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Other Assets | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

We further declare that we have or have had any income from the following: (Check either "yes" or "no" in every item.)

| | Yes | No | | Yes | No |
|--|-------------------------------------|-------------------------------------|---|--------------------------|-------------------------------------|
| Employment | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Court Orders | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Relatives and Friends (cash or kind) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Social Security Benefits | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Lodger | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Unemployment Insurance Benefits | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Boarder | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Railroad Retirement Benefits | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Boarder-Lodger | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Railroad Unemployment Benefits | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Veteran Benefits | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Workmen's Compensation | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| State Sickness Disability Benefits | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Other | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Have you transferred or assigned property in order to qualify for Public Assistance? ☐ Yes ☒ No

We will give all required information to the representatives of the Department of Welfare relating to our financial circumstances such as earnings and other income and resources, as well as information concerning our relatives and their ability to assist us.

We will inform the representatives of the Department of any changes in our needs and resources which occur following this application. We authorize the Department of Welfare to institute any investigation to verify statements made by us, pertaining to resources of any member of the family, including information concerning OASDI benefits and age.*

*Any person who by means of a false statement or representation, or by deliberate concealment of any material fact, or by impersonation or other fraudulent device, obtains or attempts to obtain, or aids or abets any person to obtain public assistance or care to which he is not entitled, or a larger amount thereof than that to which he is justly entitled, or does any wilful act designed to interfere with the proper administration of public assistance and care, shall be guilty of a misdemeanor, unless such act constitutes a violation of a provision of the penal law of the State of New York, in which case he shall be punished in accordance with the penalties fixed by such law." (L.1950, c.293, eff. March 30, 1950.)

WITNESS

(Where signature is by mark "X", it should be witnessed)

Signature

Address

SIGNATURE OF APPLICANT

(Family members 18 years of age and over who are living in household must also sign)

W. G. J. Cutler

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* First person singular understood throughout where only one person signs.

IX. MAINTENANCE AND MANAGEMENT (Include past and present maintenance, any change in the situation precipitating the need for this application and any immediate problem with which the applicant is faced.)

144

1-2 appl.

Mrs. Cutler advised that she came to N.Y. in 1910. She started as a domestic from 1910 until 1914. Stopped due to illness. She hospitalized Tony - June 1914 for tumor operation. Claims she has been unable to work since that time. Mrs. C. is 52 years old and has no other work experience than that of domestic. In the past 3 years, Mrs. C. stated she has been supported by her son-in-law's daughter, Mr. & Mrs. Thomas Deans in whose h/f applicant lives. Mrs. C. advised that her 20 year old son Vincent Cutler has also contributed toward her support for just 3 yrs. However Vincent has recently married a cousin. Vincent C. & his wife continue to help his mother. Vincent C. & his wife also live in h/f.

Mrs. C. advised that son-in-law Thomas Deans has reduced his support to his wife because he has felt that he should not have to support his mother-in-law.

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EXHIBIT 3

HAZEL CUTLER

SOCIAL SECURITY # 228-20-1854

145

STATEMENT OF MARYANN DEANS

January 3, 1973

I, MaryAnn Deans, age 38, live at 113-05 204 Street, Jamaica, New York 11412. I am Hazel Cutler's daughter, and I have lived with her from 1961 to 1970. From 1965 to 1970, my mother lived with me, my husband, my younger brother and sister and my nephew. We lived at 119-15 Farmers Blvd. Jamaica, New York and during part of 1965, 1966 and 1967, my husband and I were the sole support of the family.

My mother has been ill for many years. When she had her operation in 1965 she had definitely intended to return to work, but she was physically unable to do so. On most days for over a year after the operation she could not get out of bed. She complained of severe pain in her stomach and back. Her legs were very weak and she fell many times while trying to stand. She has had dizzyspells for many years. She most definitely could not return to any work from 1965 on. She could not even help me with housework. She couldn't carry packages or travel by herself.

My husband and I supported my mother because we could truly see that she was not able to work for herself. Her physical condition became worse as the years passed, and although she has temporary short periods when she might feel well, her general condition continues to worsen.

Matilda M. Coulthurst

MATILDA M. COULTHURST
Commissioner of Deeds, City of New York
No. 4-1400 Filed in Kings County
Commission Expires July 1, 1974

Signed *Mary Ann Deans*

MaryAnn Deans
113-05 204 Street
Jamaica, New York 11412

EXHIBIT AC-3